ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

WISCONSIN

Part 1

ABBOTSFORD to MILWAUKEE

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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Part 1

ABBOTSFORD TO MILWAUKEE

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U.S. Department of Health & Human Services

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Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH
MAIL ADDRESS:
1 WEST WILSON STREET
P.O. BOX 309
MADISON, WI 53701-0309

Overview of Nursing Home Licensure Program

Wisconsin's Department of Health and Social Services through its Bureau of Quality Compliance within the Division of Health, conducts annual licensure surveys at 466 nursing homes. Additionally, the Bureau conducts verification visits to assure correction of violations, annually investigates approximately 1,000 nursing home complaints, and makes off-cycle visits to targeted facilities (i.e., visits off-hours and outside the annual survey cycle).

Overview of Enforcement Program

Chapter 50 of the Wisconsin Statutes provides for a variety of nursing home enforcement sanctions including citing notices of violation, assessing civil forfeitures, receivership, placing monitors in facilities, removal of residents, issuance of conditional licenses, and suspension or revocation of nursing home licenses.

State violations are classed as A (a violation presenting a substantial probability of death or serious mental or physical harm to a resident), B (a violation directly threatening the health, safety or welfare of a resident) and C (a violation not directly threatening health, safety or welfare of a resident). The statute states that "each day of violation constitutes a separate violation and that Class A violations must be cited immediately with an imposed plan of correction.

Wisconsin's most frequently used sanction is the civil forfeiture. Chapter 50 provides that a Class A violation is subject to a forfeiture of $5,000 for each violation, a Class B violation is eligible for $1,000 for each violation and a Class C is eligible for $100 for each violation. The statute also has special forfeiture provisions for staffing violations and a "tripling" provision for repeat A and B violations. Forfeitures are assessed based on the four factors of gravity of violation, "good faith" exercised by the facility, previous violations, and financial benefit for committing or continuing the violation.

Conditional licenses may be issued to a nursing home if class A or B violations are found to "continue to exist." Suspension or revocation of license may result from "substantial failure" to comply with rules or statute. Resident removal may be used if a facility is operating without a license, a license has been suspended or revoked or such action has been initiated, the facility requests assistance with resident removal, the facility is closing, or an emergency is determined to exist.

Chapter 50 permits placement of a monitor in the facility to observe the operation and advise on how to comply with state regulations. Finally, the statute also provides for appointment of a receiver to "contribute to the continuity of care or the orderly and safe transfer of residents in the facility."

Resources Available to Consumers

State Licensure

The Bureau of Quality Compliance (BQC) is responsible for monitoring institutional and home health services in the State of Wisconsin. The Bureau is a unit of the Division of Health in the Department of Health and Social Services. The Bureau carries out its responsibilities through rule development, on-site surveys, complaint investigations, and enforcement.

Contact: Larry Tainter, Director
Bureau of Quality Compliance
Division of Health
P.O. Box 309
Madison WI 53701
Telephone: (608) 267-7185

Ombudsman Program

The Board on Aging and Long Term Care is the Wisconsin ombudsman program. The Board on Aging and Long Term Care investigates improper treatment of aged or disabled person receiving long-term care, monitors development of federal, state and local laws relating to long-term care, and promotes public awareness and voluntary acts to resolve problems and improve conditions involving long-term care.

Contact: George Potaracke
Executive Director
Board on Aging and Long Term Care
122 E. Dayton Street
Madison WI 53703
Telephone: (608) 266-8945

Complaint Unit

Nursing home complaints are investigated by the Bureau of Quality Compliance, Division of Health.

Contact: Nadene Dreher
Bureau of Quality Compliance
Division of Health
P.O. Box 309
Madison WI 53701
Telephone: (608) 266-7345

Medicaid Fraud and Abuse Unit

Allegations of Medicaid fraud or abuse are investigated by the Medicaid Fraud Control Unit in the Wisconsin Department of Justice.

Contact: James C. McKay, Jr., Director
Medicaid Fraud Control Unit
Department of Justice
P.O. Box 7857
Madison WI 53703
Telephone: (608) 267-7292

State Office on Aging

The Bureau of Aging is a unit of the Division of Community Services, Department of Health and Social Services. The Bureau on Aging is the single state agency for Title III of the Older Americans Act, oversees a county aging network, and promotes public policies to help aging populations.

Contact: Donna McDowell, Director
Room 453
217 South Hamilton Street
MADISON WI 53703
Telephone: (608) 266-2536

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
CONTINENTAL MANOR NURSING HOME

Street Address: 600 EAST ELM STREET	**City and State:** ABBOTSFORD WI 54405

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	78.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	44	74.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	74.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	62.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	30.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	21	35.6	46.9	50.8
Residents requiring restraints.	36	61.0	41.4	41.3
Confused or disoriented residents.	32	54.2	53.3	58.4
Residents with bed sores.	2	3.4	5.6	7.1
Residents receiving special skin care.	14	23.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALGOMA MEM LONG TERM CARE UNIT

Street Address: 1510 FREMONT ST		**City and State:** ALGOMA WI 54201	
Participation: MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	40	80.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	38	76.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	82.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.0	29.3	37.7
Completely bedfast residents.	3	6.0	1.1	3.4
Residents confined to chairs.	34	68.0	46.9	50.8
Residents requiring restraints.	28	56.0	41.4	41.3
Confused or disoriented residents.	24	48.0	53.3	58.4
Residents with bed sores.	2	4.0	5.6	7.1
Residents receiving special skin care.	10	20.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HENRY THODES OAKWOOD VILLA

Street Address: 2512 NEW PINE DRIVE		**City and State:** ALTOONA WI 54720	
Participation: MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	93.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	67	82.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	58	71.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	64.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	55.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	23.5	29.3	37.7
Completely bedfast residents.	2	2.5	1.1	3.4
Residents confined to chairs.	51	63.0	46.9	50.8
Residents requiring restraints.	17	21.0	41.4	41.3
Confused or disoriented residents.	36	44.4	53.3	58.4
Residents with bed sores.	5	6.2	5.6	7.1
Residents receiving special skin care.	10	12.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERY CONSTANT CARE

Street Address: 400 DERONDA STREET	**City and State:** AMERY WI 54001

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	63	70.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	65	72.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	58	64.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	65.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	57.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	26.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	69	76.7	46.9	50.8
Residents requiring restraints.	37	41.1	41.4	41.3
Confused or disoriented residents.	31	34.4	53.3	58.4
Residents with bed sores.	4	4.4	5.6	7.1
Residents receiving special skin care.	5	5.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE MANOR

Street Address: 220 SCHOLL STREET	**City and State:** AMERY WI 54001

Participation: MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	64.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	85	78.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	50	45.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	47.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	48.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	19.3	29.3	37.7
Completely bedfast residents.	1	0.9	1.1	3.4
Residents confined to chairs.	22	20.2	46.9	50.8
Residents requiring restraints.	25	22.9	41.4	41.3
Confused or disoriented residents.	37	33.9	53.3	58.4
Residents with bed sores.	4	3.7	5.6	7.1
Residents receiving special skin care.	9	8.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTVIEW MANOR

Street Address: 729 PARK ST		**City and State:** ANTIGO WI 54409	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
170	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	70.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	141	82.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	116	68.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	60.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	9.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	20.6	29.3	37.7
Completely bedfast residents.	2	1.2	1.1	3.4
Residents confined to chairs.	6	3.5	46.9	50.8
Residents requiring restraints.	20	11.8	41.4	41.3
Confused or disoriented residents.	41	24.1	53.3	58.4
Residents with bed sores.	7	4.1	5.6	7.1
Residents receiving special skin care.	63	37.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HLTH CARE CENTER

Street Address: 1335 S ONEIDA ST	**City and State:** APPLETON WI 54915

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	87.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	92	94.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	94	96.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	92.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	89.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	44.3	29.3	37.7
Completely bedfast residents.	5	5.2	1.1	3.4
Residents confined to chairs.	65	67.0	46.9	50.8
Residents requiring restraints.	65	67.0	41.4	41.3
Confused or disoriented residents.	15	15.5	53.3	58.4
Residents with bed sores.	10	10.3	5.6	7.1
Residents receiving special skin care.	20	20.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONY OAKS CARE CENTER

Street Address: 601 BRIARCLIFF DRIVE	**City and State:** APPLETON WI 54911

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	87.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	78.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	67.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	38	38.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	39.4	29.3	37.7
Completely bedfast residents.	2	2.0	1.1	3.4
Residents confined to chairs.	71	71.7	46.9	50.8
Residents requiring restraints.	47	47.5	41.4	41.3
Confused or disoriented residents.	52	52.5	53.3	58.4
Residents with bed sores.	7	7.1	5.6	7.1
Residents receiving special skin care.	14	14.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANCISCAN CARE CENTER

Street Address: 2915 NORTH MEADE STREET	**City and State:** APPLETON WI 54911

Participation: MEDICAID SNF/ICF	**# of Beds:** 235	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 225	**Medicare Residents:** 0	**Medicaid Residents:** 123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	180	80.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	180	80.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	161	71.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	71.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	57.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	21	9.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	29.8	29.3	37.7
Completely bedfast residents.	9	4.0	1.1	3.4
Residents confined to chairs.	109	48.4	46.9	50.8
Residents requiring restraints.	98	43.6	41.4	41.3
Confused or disoriented residents.	116	51.6	53.3	58.4
Residents with bed sores.	16	7.1	5.6	7.1
Residents receiving special skin care.	34	15.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUTAGAMIE CO HEALTH CTR

Street Address: 3400 W BREWSTER ST	**City and State:** APPLETON WI 54911

Participation: MEDICAID SNF/ICF	**# of Beds:** 256	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
249	0	232

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	204	81.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	189	75.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	131	52.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	53.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	154	61.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	18	7.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	18.5	29.3	37.7
Completely bedfast residents.	2	0.8	1.1	3.4
Residents confined to chairs.	85	34.1	46.9	50.8
Residents requiring restraints.	48	19.3	41.4	41.3
Confused or disoriented residents.	212	85.1	53.3	58.4
Residents with bed sores.	3	1.2	5.6	7.1
Residents receiving special skin care.	76	30.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH NURSING HOME

Street Address: 464 SOUTH ST JOSEPH AVE	**City and State:** ARCADIA WI 54612

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	85.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	52	69.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	53.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	40.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	53.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	30.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	21	28.0	46.9	50.8
Residents requiring restraints.	33	44.0	41.4	41.3
Confused or disoriented residents.	32	42.7	53.3	58.4
Residents with bed sores.	3	4.0	5.6	7.1
Residents receiving special skin care.	14	18.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHEL LIVING CENTER

Street Address: 8014 BETHEL RD	**City and State:** ARPIN WI 54410

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 3	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	86.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	75.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	71.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	68.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	30.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	51	47.2	46.9	50.8
Residents requiring restraints.	45	41.7	41.4	41.3
Confused or disoriented residents.	71	65.7	53.3	58.4
Residents with bed sores.	4	3.7	5.6	7.1
Residents receiving special skin care.	42	38.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHLAND NURSING HOME

Street Address: 1319 BEASER AVENUE	**City and State:** ASHLAND WI 54806

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 1	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	72.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	84.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	66.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	58.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	50.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	82	68.9	46.9	50.8
Residents requiring restraints.	59	49.6	41.4	41.3
Confused or disoriented residents.	59	49.6	53.3	58.4
Residents with bed sores.	5	4.2	5.6	7.1
Residents receiving special skin care.	54	45.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COURT MANOR

Street Address: 911 THIRD STREET	**City and State:** ASHLAND WI 54806

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 2	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	71.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	110	77.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	104	73.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	77.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	62.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	22.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	64	45.1	46.9	50.8
Residents requiring restraints.	50	35.2	41.4	41.3
Confused or disoriented residents.	65	45.8	53.3	58.4
Residents with bed sores.	7	4.9	5.6	7.1
Residents receiving special skin care.	12	8.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUGUSTA AREA NH

Street Address: PO BOX 387	**City and State:** AUGUSTA WI 54722

Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	56	96.6	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	35	60.3	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	32	55.2	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	31.0	13.8	29.3
Completely bedfast residents.	1	1.7	0.2	3.6
Residents confined to chairs.	8	13.8	12.8	39.1
Residents requiring restraints.	13	22.4	20.7	31.7
Confused or disoriented residents.	27	46.6	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	4	6.9	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALDWIN CARE CENTER

Street Address: 640 ELM ST		**City and State:** BALDWIN WI 54002	
Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	81.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	53	80.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	45	68.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	72.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	7.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	31.8	29.3	37.7
Completely bedfast residents.	2	3.0	1.1	3.4
Residents confined to chairs.	50	75.8	46.9	50.8
Residents requiring restraints.	33	50.0	41.4	41.3
Confused or disoriented residents.	39	59.1	53.3	58.4
Residents with bed sores.	8	12.1	5.6	7.1
Residents receiving special skin care.	66	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON MEADOWS CARE CENTER

Street Address: 1414 JEFFERSON STREET	**City and State:** BARABOO WI 53913

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	95	94.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	92	91.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	86.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	81.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	22.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	45	44.6	46.9	50.8
Residents requiring restraints.	65	64.4	41.4	41.3
Confused or disoriented residents.	71	70.3	53.3	58.4
Residents with bed sores.	2	2.0	5.6	7.1
Residents receiving special skin care.	71	70.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARRON COMMUNITY MEM HOSP SN HOME

Street Address: 1222 E WOODLAND AVE	**City and State:** BARRON WI 54812

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	49	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	39	79.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	73.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	71.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	20.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	17	34.7	46.9	50.8
Residents requiring restraints.	23	46.9	41.4	41.3
Confused or disoriented residents.	13	26.5	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARRON RIVERSIDE MANOR

Street Address: 660 E BIRCH AVENUE	**City and State:** BARRON WI 54812

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	69.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	30	61.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	25	51.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	30.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	6	12.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	19	38.8	46.9	50.8
Residents requiring restraints.	18	36.7	41.4	41.3
Confused or disoriented residents.	15	30.6	53.3	58.4
Residents with bed sores.	7	14.3	5.6	7.1
Residents receiving special skin care.	11	22.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEAVER DAM CARE CENTER

Street Address: 410 ROEDL COURT - P O BOX 617	**City and State:** BEAVER DAM WI 53916

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	71.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	87	71.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	84.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	53.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	87	71.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	79	65.3	46.9	50.8
Residents requiring restraints.	52	43.0	41.4	41.3
Confused or disoriented residents.	61	50.4	53.3	58.4
Residents with bed sores.	6	5.0	5.6	7.1
Residents receiving special skin care.	29	24.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEAVER DAM COMMUNITY HOSPITAL

Street Address: 208 LACROSSE ST		**City and State:** BEAVER DAM WI 53916	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	81.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	108	88.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	82	67.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	68.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	75.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	67.2	29.3	37.7
Completely bedfast residents.	5	4.1	1.1	3.4
Residents confined to chairs.	45	36.9	46.9	50.8
Residents requiring restraints.	51	41.8	41.4	41.3
Confused or disoriented residents.	53	43.4	53.3	58.4
Residents with bed sores.	3	2.5	5.6	7.1
Residents receiving special skin care.	64	52.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELOIT CONVALESCENT CENTER

Street Address: 1905 WEST HART ROAD	**City and State:** BELOIT WI 53511

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 5	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	84.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	107	80.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	94	70.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	79.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	72.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	17	12.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	42.9	29.3	37.7
Completely bedfast residents.	16	12.0	1.1	3.4
Residents confined to chairs.	86	64.7	46.9	50.8
Residents requiring restraints.	68	51.1	41.4	41.3
Confused or disoriented residents.	78	58.6	53.3	58.4
Residents with bed sores.	8	6.0	5.6	7.1
Residents receiving special skin care.	37	27.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARAVILLA

Street Address: P O BOX 75 203 W SUNNY LANE		**City and State:** BELOIT WI 53511	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 328	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
190	0	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	169	88.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	141	74.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	116	61.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	71.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	61.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	26.3	29.3	37.7
Completely bedfast residents.	4	2.1	1.1	3.4
Residents confined to chairs.	68	35.8	46.9	50.8
Residents requiring restraints.	82	43.2	41.4	41.3
Confused or disoriented residents.	129	67.9	53.3	58.4
Residents with bed sores.	15	7.9	5.6	7.1
Residents receiving special skin care.	152	80.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CARLYLE

Street Address: 2121 PIONEER DRIVE	**City and State:** BELOIT WI 53511

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 262	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 4	**Medicaid Residents:** 130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	84.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	134	78.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	89	52.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	64.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	55.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	28.2	29.3	37.7
Completely bedfast residents.	2	1.2	1.1	3.4
Residents confined to chairs.	128	75.3	46.9	50.8
Residents requiring restraints.	94	55.3	41.4	41.3
Confused or disoriented residents.	118	69.4	53.3	58.4
Residents with bed sores.	14	8.2	5.6	7.1
Residents receiving special skin care.	113	66.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JULIETTE MANOR

Street Address: 169 EAST HURON ST		**City and State:** BERLIN WI 54923	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	66.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	70	69.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	60.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	62.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	54.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	19.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	63	62.4	46.9	50.8
Residents requiring restraints.	43	42.6	41.4	41.3
Confused or disoriented residents.	45	44.6	53.3	58.4
Residents with bed sores.	7	6.9	5.6	7.1
Residents receiving special skin care.	29	28.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLACK EARTH MANOR

Street Address: 634 CENTER STREET	**City and State:** BLACK EARTH WI 53515

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	93.8	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	29	90.6	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	26	81.3	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	81.3	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	87.5	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	31.3	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	9.4	12.8	39.1
Residents requiring restraints.	6	18.8	20.7	31.7
Confused or disoriented residents.	29	90.6	36.0	55.8
Residents with bed sores.	1	3.1	2.5	4.7
Residents receiving special skin care.	7	21.9	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAMILY HERITAGE HOME

Street Address: 1311 TYLER STREET		**City and State:** BLACK RIVER FALLS WI 54615	
Participation: MEDICAID SNF/ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	78.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	94	87.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	67.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	69.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	67.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	28.7	29.3	37.7
Completely bedfast residents.	3	2.8	1.1	3.4
Residents confined to chairs.	59	54.6	46.9	50.8
Residents requiring restraints.	55	50.9	41.4	41.3
Confused or disoriented residents.	64	59.3	53.3	58.4
Residents with bed sores.	2	1.9	5.6	7.1
Residents receiving special skin care.	108	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE VIEW

Street Address: 400 PINE VIEW RD	**City and State:** BLACK RIVER FALLS WI 54615

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 141	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	74.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	99	82.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	75.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	67.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	13	10.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	47	39.2	46.9	50.8
Residents requiring restraints.	35	29.2	41.4	41.3
Confused or disoriented residents.	78	65.0	53.3	58.4
Residents with bed sores.	14	11.7	5.6	7.1
Residents receiving special skin care.	34	28.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NU ROC NURSING HOME

Street Address: P.O. LAONA	**City and State:** BLACKWELL WI 54541

Participation: MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	83.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	48	78.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	34	55.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	62.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	42.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	11	18.0	46.9	50.8
Residents requiring restraints.	34	55.7	41.4	41.3
Confused or disoriented residents.	33	54.1	53.3	58.4
Residents with bed sores.	1	1.6	5.6	7.1
Residents receiving special skin care.	20	32.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW HOME

Street Address: 620 W GRAND VIEW AVE P O BOX 27	**City and State:** BLAIR WI 54616

Participation: MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	69.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	77	81.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	72.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	71.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	64.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	39.4	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	27	28.7	46.9	50.8
Residents requiring restraints.	26	27.7	41.4	41.3
Confused or disoriented residents.	51	54.3	53.3	58.4
Residents with bed sores.	2	2.1	5.6	7.1
Residents receiving special skin care.	32	34.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAGLETON NURSING HOME

Street Address: ROUTE 3	**City and State:** BLOOMER WI 54724

Participation: MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	60.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	16	64.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	12	48.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	44.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	52.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	3	12.0	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	11	44.0	53.3	58.4
Residents with bed sores.	3	12.0	5.6	7.1
Residents receiving special skin care.	6	24.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HETZEL CARE CENTER

Street Address: 1840 PRIDDY STREET	**City and State:** BLOOMER WI 54724

Participation: MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	89.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	25	89.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	20	71.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	71.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	67.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	10.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	28.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	8	28.6	46.9	50.8
Residents requiring restraints.	11	39.3	41.4	41.3
Confused or disoriented residents.	16	57.1	53.3	58.4
Residents with bed sores.	1	3.6	5.6	7.1
Residents receiving special skin care.	1	3.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD

Street Address: 1501 THOMPSON ST		**City and State:** BLOOMER WI 54724	
Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	89.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	45	77.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	43	74.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.6	29.3	37.7
Completely bedfast residents.	2	3.4	1.1	3.4
Residents confined to chairs.	31	53.4	46.9	50.8
Residents requiring restraints.	22	37.9	41.4	41.3
Confused or disoriented residents.	6	10.3	53.3	58.4
Residents with bed sores.	1	1.7	5.6	7.1
Residents receiving special skin care.	13	22.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL NURSING HOME

Street Address: 205 PARKER STREET	**City and State:** BOSCOBEL WI 53805

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	78.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	92.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	64.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	76.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	25	29.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	42.9	29.3	37.7
Completely bedfast residents.	1	1.2	1.1	3.4
Residents confined to chairs.	6	7.1	46.9	50.8
Residents requiring restraints.	33	39.3	41.4	41.3
Confused or disoriented residents.	41	48.8	53.3	58.4
Residents with bed sores.	1	1.2	5.6	7.1
Residents receiving special skin care.	10	11.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND HLTH CTR

Street Address: 18740 BLUEMOUND RD	**City and State:** BROOKFIELD WI 53005

Participation: MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 215	**Medicare Residents:** 0	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	198	92.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	172	80.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	139	64.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	67.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	62.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	40.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	170	79.1	46.9	50.8
Residents requiring restraints.	107	49.8	41.4	41.3
Confused or disoriented residents.	149	69.3	53.3	58.4
Residents with bed sores.	19	8.8	5.6	7.1
Residents receiving special skin care.	116	54.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTHSIDE NH & REHAB CTR

Street Address: 9325 N GREEN BAY AVE	**City and State:** BROWN DEER WI 53209

Participation: MEDICAID SNF/ICF	**# of Beds:** 247	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 245	**Medicare Residents:** 0	**Medicaid Residents:** 245

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	70.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	185	75.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	106	43.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	24.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	35.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	32	13.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	20.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	43	17.6	46.9	50.8
Residents requiring restraints.	40	16.3	41.4	41.3
Confused or disoriented residents.	103	42.0	53.3	58.4
Residents with bed sores.	7	2.9	5.6	7.1
Residents receiving special skin care.	78	31.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT CARMEL CARE CTR

Street Address: 677 E STATE ST		**City and State:** BURLINGTON WI 53105	
Participation: MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	96	94.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	82.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	78.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	67.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	34.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	25	24.5	46.9	50.8
Residents requiring restraints.	62	60.8	41.4	41.3
Confused or disoriented residents.	89	87.3	53.3	58.4
Residents with bed sores.	2	2.0	5.6	7.1
Residents receiving special skin care.	6	5.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LASATA

Street Address: W76 N677 WAUWATOSA RD	**City and State:** CEDARSBURG WI 53021

Participation: MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 188	**Medicare Residents:** 0	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	177	94.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	112	59.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	125	66.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	79.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	61.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	46	24.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	23.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	107	56.9	46.9	50.8
Residents requiring restraints.	85	45.2	41.4	41.3
Confused or disoriented residents.	85	45.2	53.3	58.4
Residents with bed sores.	11	5.9	5.6	7.1
Residents receiving special skin care.	94	50.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTURIA NURSING HOME

Street Address: 300 MICHIGAN ST	**City and State:** CENTURIA WI 54824

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	72.5	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	30	75.0	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	20	50.0	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	92.5	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	47.5	42.0	59.1
Residents on individually written bowel and bladder retraining program.	15	37.5	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.5	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	2.5	12.8	39.1
Residents requiring restraints.	8	20.0	20.7	31.7
Confused or disoriented residents.	15	37.5	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	1	2.5	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KNAPP HAVEN

Street Address: 725 KNAPP STREET		**City and State:** CHETEK WI 54728	
Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	87.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	83.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	70.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	59	60.8	46.9	50.8
Residents requiring restraints.	48	49.5	41.4	41.3
Confused or disoriented residents.	74	76.3	53.3	58.4
Residents with bed sores.	1	1.0	5.6	7.1
Residents receiving special skin care.	3	3.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHILTON VILLAGE

Street Address: 810 MEMORIAL DRIVE	**City and State:** CHILTON WI 53014

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	96.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	76	76.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	73.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	37	37.0	46.9	50.8
Residents requiring restraints.	52	52.0	41.4	41.3
Confused or disoriented residents.	47	47.0	53.3	58.4
Residents with bed sores.	9	9.0	5.6	7.1
Residents receiving special skin care.	18	18.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHIPPEWA MANOR NURSING HOME

Street Address: 222 CHAPMAN ROAD		**City and State:** CHIPPEWA FALLS WI 54729	
Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	81.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	85	97.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	80.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	72.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	77.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	19.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	65	74.7	46.9	50.8
Residents requiring restraints.	44	50.6	41.4	41.3
Confused or disoriented residents.	21	24.1	53.3	58.4
Residents with bed sores.	2	2.3	5.6	7.1
Residents receiving special skin care.	9	10.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANNAH M RUTLEDGE HOME FOR THE AGED

Street Address: EAGLE AND BRIDGEWATER STS	**City and State:** CHIPPEWA FALLS WI 54729

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	33.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	34	36.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	34	36.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	61.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	51.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	10.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	20	21.5	46.9	50.8
Residents requiring restraints.	21	22.6	41.4	41.3
Confused or disoriented residents.	22	23.7	53.3	58.4
Residents with bed sores.	2	2.2	5.6	7.1
Residents receiving special skin care.	6	6.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEYDE HEALTH SYSTEM, INC.

Street Address: 2821 COUNTY TRUNK I		**City and State:** CHIPPEWA FALLS WI 54729	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 353	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 288	**Medicare Residents:** 4	**Medicaid Residents:** 237

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	239	83.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	156	54.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	135	46.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	63.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	49.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	19.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	130	45.1	46.9	50.8
Residents requiring restraints.	64	22.2	41.4	41.3
Confused or disoriented residents.	167	58.0	53.3	58.4
Residents with bed sores.	19	6.6	5.6	7.1
Residents receiving special skin care.	184	63.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON MEADOWS PARK NH

Street Address: 709 MEADOWS PARK DR	**City and State:** CLINTON WI 53525

Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	99.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	76	77.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	61.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	60.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	71.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	23	23.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	46	46.9	46.9	50.8
Residents requiring restraints.	49	50.0	41.4	41.3
Confused or disoriented residents.	70	71.4	53.3	58.4
Residents with bed sores.	1	1.0	5.6	7.1
Residents receiving special skin care.	34	34.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENTREE NURSING HOME

Street Address: 70 GREENTREE ROAD	**City and State:** CLINTONVILLE WI 54929

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	64	87.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	87.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	67.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	72.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	19	26.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	43.8	29.3	37.7
Completely bedfast residents.	1	1.4	1.1	3.4
Residents confined to chairs.	17	23.3	46.9	50.8
Residents requiring restraints.	23	31.5	41.4	41.3
Confused or disoriented residents.	60	82.2	53.3	58.4
Residents with bed sores.	3	4.1	5.6	7.1
Residents receiving special skin care.	73	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE MANOR NURSING HOME

Street Address: ROUTE 3	**City and State:** CLINTONVILLE WI 54929

Participation: MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	84	84.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	68.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	64.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.0	29.3	37.7
Completely bedfast residents.	3	3.0	1.1	3.4
Residents confined to chairs.	41	41.0	46.9	50.8
Residents requiring restraints.	52	52.0	41.4	41.3
Confused or disoriented residents.	49	49.0	53.3	58.4
Residents with bed sores.	4	4.0	5.6	7.1
Residents receiving special skin care.	68	68.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL HOUSE LIVING CENTER

Street Address: 700 WEST DOLF STREET	**City and State:** COLBY WI 54421

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	66.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	70	76.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	64.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	57.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	35.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	13.0	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	39	42.4	46.9	50.8
Residents requiring restraints.	16	17.4	41.4	41.3
Confused or disoriented residents.	38	41.3	53.3	58.4
Residents with bed sores.	5	5.4	5.6	7.1
Residents receiving special skin care.	18	19.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AREA NURSING HOME

Street Address: P O BOX 515, 1011 UNIVERSITY AVE	**City and State:** COLFAX WI 54730

Participation: MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	93.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	85.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	76.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	70.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	41	51.2	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	37	46.2	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBUS CARE CENTER

Street Address: 825 WESTERN AVE		**City and State:** COLUMBUS WI 53925	
Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	69.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	77	83.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	83.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	69.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	60.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	68.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	42	45.7	46.9	50.8
Residents requiring restraints.	14	15.2	41.4	41.3
Confused or disoriented residents.	54	58.7	53.3	58.4
Residents with bed sores.	3	3.3	5.6	7.1
Residents receiving special skin care.	5	5.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORNELL AREA CARE CENTER

Street Address: 320 MAIN ST P O BOX 125	**City and State:** CORNELL WI 54732

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	95.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	33	67.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	65.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	28.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	32.7	46.9	50.8
Residents requiring restraints.	9	18.4	41.4	41.3
Confused or disoriented residents.	21	42.9	53.3	58.4
Residents with bed sores.	1	2.0	5.6	7.1
Residents receiving special skin care.	35	71.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRANDON NURSING HOME

Street Address: 105 W PIONEER AVE	**City and State:** CRANDON WI 54520

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	71.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	64	82.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	59.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	69.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	64.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	39.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	25	32.1	46.9	50.8
Residents requiring restraints.	42	53.8	41.4	41.3
Confused or disoriented residents.	46	59.0	53.3	58.4
Residents with bed sores.	7	9.0	5.6	7.1
Residents receiving special skin care.	14	17.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCVANE MEMORIAL HOME INC

Street Address: BOX 220		**City and State:** CRIVITZ WI 54114	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	93.7	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	45	71.4	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	37	58.7	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	49.2	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	49.2	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	19.0	13.8	29.3
Completely bedfast residents.	1	1.6	0.2	3.6
Residents confined to chairs.	28	44.4	12.8	39.1
Residents requiring restraints.	10	15.9	20.7	31.7
Confused or disoriented residents.	26	41.3	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	7	11.1	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST HEALTH CENTER INC NURSING HM

Street Address: 808 S WASHINGTON STREET	**City and State:** CUBA CITY WI 53807

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	81.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	89	97.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	82.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	84.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	56.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	24.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	39	42.9	46.9	50.8
Residents requiring restraints.	34	37.4	41.4	41.3
Confused or disoriented residents.	35	38.5	53.3	58.4
Residents with bed sores.	1	1.1	5.6	7.1
Residents receiving special skin care.	28	30.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUMBERLAND MEMORIAL HOSP

Street Address: 1110 7TH AVE	**City and State:** CUMBERLAND WI 54829

Participation: MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	76.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	41	87.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	34	72.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	89.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	46	97.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.0	29.3	37.7
Completely bedfast residents.	1	2.1	1.1	3.4
Residents confined to chairs.	22	46.8	46.9	50.8
Residents requiring restraints.	20	42.6	41.4	41.3
Confused or disoriented residents.	17	36.2	53.3	58.4
Residents with bed sores.	3	6.4	5.6	7.1
Residents receiving special skin care.	19	40.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALLAS HEALTH AND REHAB CENTER

Street Address: P O BOX 165	**City and State:** DALLAS WI 54733

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	97.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	28	58.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	23	47.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	41.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	13	27.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	14.6	29.3	37.7
Completely bedfast residents.	1	2.1	1.1	3.4
Residents confined to chairs.	21	43.8	46.9	50.8
Residents requiring restraints.	16	33.3	41.4	41.3
Confused or disoriented residents.	11	22.9	53.3	58.4
Residents with bed sores.	1	2.1	5.6	7.1
Residents receiving special skin care.	11	22.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE MANOR

Street Address: EAST CATHERINE STREET	**City and State:** DARLINGTON WI 53530

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	123	LOCAL GOVERNMENT	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	86.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	95	92.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	82	79.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	71.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	68.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	70	68.0	46.9	50.8
Residents requiring restraints.	60	58.3	41.4	41.3
Confused or disoriented residents.	61	59.2	53.3	58.4
Residents with bed sores.	6	5.8	5.6	7.1
Residents receiving special skin care.	30	29.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RENNES HEALTH CENTER

Street Address: 200 SO 9TH ST	**City and State:** DE PERE WI 54115

Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	54.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	76	76.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	69.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	62.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	56.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	62	62.0	46.9	50.8
Residents requiring restraints.	34	34.0	41.4	41.3
Confused or disoriented residents.	52	52.0	53.3	58.4
Residents with bed sores.	3	3.0	5.6	7.1
Residents receiving special skin care.	17	17.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEVILLE OF DE PERE

Street Address: ROUTE 1 BOX 100	**City and State:** DE PERE WI 54115

Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	65.7	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	22	62.9	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	57.1	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	68.6	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	28.6	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	12	34.3	12.8	39.1
Residents requiring restraints.	18	51.4	20.7	31.7
Confused or disoriented residents.	18	51.4	36.0	55.8
Residents with bed sores.	2	5.7	2.5	4.7
Residents receiving special skin care.	7	20.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWFIELD NURSING HOME

Street Address: 905 E GENEVA ST		**City and State:** DELAVAN WI 53115	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 2	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	79.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	79.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	83.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	61.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	10	20.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.8	29.3	37.7
Completely bedfast residents.	1	2.0	1.1	3.4
Residents confined to chairs.	14	28.6	46.9	50.8
Residents requiring restraints.	21	42.9	41.4	41.3
Confused or disoriented residents.	7	14.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMFIELD MANOR

Street Address: P 0 BOX 55 ROUTE 3	**City and State:** DODGEVILLE WI 53533

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	68.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	50	69.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	55.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	52.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	43.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	22.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	42	58.3	46.9	50.8
Residents requiring restraints.	28	38.9	41.4	41.3
Confused or disoriented residents.	47	65.3	53.3	58.4
Residents with bed sores.	3	4.2	5.6	7.1
Residents receiving special skin care.	35	48.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL HOSP MED CARE FAC

Street Address: 125 EAST NORTH STREET	**City and State:** DODGEVILLE WI 53533

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	59.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	35	89.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	28	71.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	71.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	53.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	5.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	23.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	18	46.2	46.9	50.8
Residents requiring restraints.	11	28.2	41.4	41.3
Confused or disoriented residents.	16	41.0	53.3	58.4
Residents with bed sores.	4	10.3	5.6	7.1
Residents receiving special skin care.	16	41.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WISC MASONIC HOME HEALTH CARE CTR

Street Address: 400 N MAIN ST		**City and State:** DOUSMAN WI 53118	
Participation: MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	62	75.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	59.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	81.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	78.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	18	22.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	14.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	61	74.4	46.9	50.8
Residents requiring restraints.	40	48.8	41.4	41.3
Confused or disoriented residents.	65	79.3	53.3	58.4
Residents with bed sores.	2	2.4	5.6	7.1
Residents receiving special skin care.	62	75.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW CARE CENTER

Street Address: 1620 3RD AVENUE WEST

City and State: DURAND WI 54736

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 60

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51

Medicare Residents: 0

Medicaid Residents: 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	78.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	43	84.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	78.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	96.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	64.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	3.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	35	68.6	46.9	50.8
Residents requiring restraints.	30	58.8	41.4	41.3
Confused or disoriented residents.	18	35.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	32	62.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAGLE RIVER HEALTH CARE CENTER

Street Address: 357 RIVER ST BOX 1149	**City and State:** EAGLE RIVER WI 54521

Participation: MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	94.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	89	91.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	81	83.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	83.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.9	29.3	37.7
Completely bedfast residents.	2	2.1	1.1	3.4
Residents confined to chairs.	26	26.8	46.9	50.8
Residents requiring restraints.	57	58.8	41.4	41.3
Confused or disoriented residents.	47	48.5	53.3	58.4
Residents with bed sores.	2	2.1	5.6	7.1
Residents receiving special skin care.	24	24.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self–help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KIWANIS MANOR INC

Street Address: 3271 NORTH ST	**City and State:** EAST TROY WI 53120

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	70.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	45	75.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	73.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	81.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.0	29.3	37.7
Completely bedfast residents.	2	3.3	1.1	3.4
Residents confined to chairs.	21	35.0	46.9	50.8
Residents requiring restraints.	44	73.3	41.4	41.3
Confused or disoriented residents.	41	68.3	53.3	58.4
Residents with bed sores.	2	3.3	5.6	7.1
Residents receiving special skin care.	23	38.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTER OF CARE

Street Address: 1405 TRUAX BLVD	**City and State:** EAU CLAIRE WI 54701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 3	**Medicaid Residents:** 147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	72.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	125	74.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	95	56.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	59.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	65.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	29.3	29.3	37.7
Completely bedfast residents.	3	1.8	1.1	3.4
Residents confined to chairs.	5	3.0	46.9	50.8
Residents requiring restraints.	89	53.3	41.4	41.3
Confused or disoriented residents.	86	51.5	53.3	58.4
Residents with bed sores.	13	7.8	5.6	7.1
Residents receiving special skin care.	27	16.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SYVERSON LUTHERAN HOME

Street Address: 816 PORTER AVENUE		**City and State:** EAU CLAIRE WI 54701	
Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	89.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	86	90.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	74.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	95.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	85.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	75	78.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	44.2	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	47	49.5	46.9	50.8
Residents requiring restraints.	51	53.7	41.4	41.3
Confused or disoriented residents.	62	65.3	53.3	58.4
Residents with bed sores.	4	4.2	5.6	7.1
Residents receiving special skin care.	40	42.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CLAIREMONT

Street Address: 2120 HEIGHTS DRIVE	**City and State:** EAU CLAIRE WI 54701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 223	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 206	**Medicare Residents:** 9	**Medicaid Residents:** 151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	83.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	182	88.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	178	86.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	81.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	176	85.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	34.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	107	51.9	46.9	50.8
Residents requiring restraints.	90	43.7	41.4	41.3
Confused or disoriented residents.	107	51.9	53.3	58.4
Residents with bed sores.	13	6.3	5.6	7.1
Residents receiving special skin care.	108	52.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL COMM HOSP-ECF

Street Address: 313 STOUGHTON RD		**City and State:** EDGERTON WI 53534	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	1	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	80.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	51	92.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	72.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	52.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.6	29.3	37.7
Completely bedfast residents.	5	9.1	1.1	3.4
Residents confined to chairs.	32	58.2	46.9	50.8
Residents requiring restraints.	29	52.7	41.4	41.3
Confused or disoriented residents.	30	54.5	53.3	58.4
Residents with bed sores.	3	5.5	5.6	7.1
Residents receiving special skin care.	22	40.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLTON MANOR

Street Address: 638 NORTH BROAD STREET		**City and State:** ELKHORN WI 53121	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	98.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	56	98.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	50	87.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	63.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	36.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	45	78.9	46.9	50.8
Residents requiring restraints.	36	63.2	41.4	41.3
Confused or disoriented residents.	37	64.9	53.3	58.4
Residents with bed sores.	1	1.8	5.6	7.1
Residents receiving special skin care.	57	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND NURSING HOME

Street Address: PO BOX 1003		**City and State:** ELKHORN WI 53121	
Participation: MEDICAID SNF/ICF	**# of Beds:** 328	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
328	0	271

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	271	82.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	258	78.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	218	66.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	227	69.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	250	76.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	120	36.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	30.2	29.3	37.7
Completely bedfast residents.	4	1.2	1.1	3.4
Residents confined to chairs.	128	39.0	46.9	50.8
Residents requiring restraints.	171	52.1	41.4	41.3
Confused or disoriented residents.	218	66.5	53.3	58.4
Residents with bed sores.	25	7.6	5.6	7.1
Residents receiving special skin care.	123	37.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELLSWORTH CARE CENTERS INC

Street Address: 403 N MAPLE ST		**City and State:** ELLSWORTH WI 54011	
Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	66.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	67	80.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	68.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	71.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	54.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	25.3	29.3	37.7
Completely bedfast residents.	3	3.6	1.1	3.4
Residents confined to chairs.	35	42.2	46.9	50.8
Residents requiring restraints.	31	37.3	41.4	41.3
Confused or disoriented residents.	52	62.7	53.3	58.4
Residents with bed sores.	1	1.2	5.6	7.1
Residents receiving special skin care.	14	16.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIETY PLACE

Street Address: 120 S PIETY ST	**City and State:** ELLSWORTH WI 54011

Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	76.5	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	13	76.5	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	7	41.2	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	41.2	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	23.5	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	5.9	12.8	39.1
Residents requiring restraints.	2	11.8	20.7	31.7
Confused or disoriented residents.	7	41.2	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	1	5.9	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE OF ELMOOD NURSING HOME

Street Address: 232 E EAU GALLE AVENUE		**City and State:** ELMWOOD WI 54740	
Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	83.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	62	86.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	68.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	65.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	72.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	13	18.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	36.1	29.3	37.7
Completely bedfast residents.	1	1.4	1.1	3.4
Residents confined to chairs.	49	68.1	46.9	50.8
Residents requiring restraints.	29	40.3	41.4	41.3
Confused or disoriented residents.	42	58.3	53.3	58.4
Residents with bed sores.	3	4.2	5.6	7.1
Residents receiving special skin care.	7	9.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address: P O BOX 167		**City and State:** ELROY WI 53929	
Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	67.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	54	73.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	62.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	68.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	73.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	11	14.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	24	32.4	46.9	50.8
Residents requiring restraints.	28	37.8	41.4	41.3
Confused or disoriented residents.	30	40.5	53.3	58.4
Residents with bed sores.	3	4.1	5.6	7.1
Residents receiving special skin care.	48	64.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANSVILLE MANOR

Street Address: 540 GARFIELD AVE		**City and State:** EVANSVILLE WI 53536	
Participation: MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	91.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	77	95.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	65	80.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	80.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	72.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	40.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	49	60.5	46.9	50.8
Residents requiring restraints.	18	22.2	41.4	41.3
Confused or disoriented residents.	50	61.7	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	15	18.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRCHILD NURSING HOME

Street Address: 331 NORTH STREET - PO BOX 95

City and State: FAIRCHILD WI 54741

Participation: MEDICAID SNF/ICF

# of Beds: 50

Type of Ownership: NON-PROFIT OTHER

Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44

Medicare Residents: 0

Medicaid Residents: 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	68.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	35	79.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	26	59.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	24	54.5	46.9	50.8
Residents requiring restraints.	16	36.4	41.4	41.3
Confused or disoriented residents.	29	65.9	53.3	58.4
Residents with bed sores.	1	2.3	5.6	7.1
Residents receiving special skin care.	26	59.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALL CREEK VALLEY NURSING HME

Street Address: P O BOX 398	**City and State:** FALL CREEK WI 54742

Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	88.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	57	82.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	66.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	66.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	55.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	39.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	36	52.2	46.9	50.8
Residents requiring restraints.	17	24.6	41.4	41.3
Confused or disoriented residents.	35	50.7	53.3	58.4
Residents with bed sores.	4	5.8	5.6	7.1
Residents receiving special skin care.	3	4.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FENNIMORE COM GOOD SAMARITAN CTR

Street Address: 1850-11TH STREET	**City and State:** FENNIMORE WI 53809

Participation: MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	79.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	64	83.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	43	55.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	58.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	44.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	22.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	28	36.4	46.9	50.8
Residents requiring restraints.	20	26.0	41.4	41.3
Confused or disoriented residents.	34	44.2	53.3	58.4
Residents with bed sores.	1	1.3	5.6	7.1
Residents receiving special skin care.	32	41.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLORENCE VILLA NURSING HOME

Street Address: P O BOX 130	**City and State:** FLORENCE WI 54121

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	62.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	56	81.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	68.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	62.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	56.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	23.2	29.3	37.7
Completely bedfast residents.	3	4.3	1.1	3.4
Residents confined to chairs.	24	34.8	46.9	50.8
Residents requiring restraints.	23	33.3	41.4	41.3
Confused or disoriented residents.	25	36.2	53.3	58.4
Residents with bed sores.	3	4.3	5.6	7.1
Residents receiving special skin care.	12	17.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 265 SOUTH NATIONAL AVENUE		**City and State:** FOND DU LAC WI 54935	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	3	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	80.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	57	80.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	71.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	74.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	62.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	9.9	29.3	37.7
Completely bedfast residents.	3	4.2	1.1	3.4
Residents confined to chairs.	47	66.2	46.9	50.8
Residents requiring restraints.	37	52.1	41.4	41.3
Confused or disoriented residents.	38	53.5	53.3	58.4
Residents with bed sores.	4	5.6	5.6	7.1
Residents receiving special skin care.	26	36.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE CENTER EAST NURSING HOME

Street Address: 115 EAST ARNDT STREET	**City and State:** FOND DU LAC WI 54935

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	72.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	94	74.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	99	78.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	78.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	59.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	25.2	29.3	37.7
Completely bedfast residents.	3	2.4	1.1	3.4
Residents confined to chairs.	83	65.4	46.9	50.8
Residents requiring restraints.	68	53.5	41.4	41.3
Confused or disoriented residents.	74	58.3	53.3	58.4
Residents with bed sores.	9	7.1	5.6	7.1
Residents receiving special skin care.	56	44.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOND DU LAC CNTY HLTH CARE CTR

Street Address: 459 E 1ST ST	**City and State:** FOND DU LAC WI 54935

Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	65.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	75	62.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	52.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	43.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	48.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	18.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	32	26.4	46.9	50.8
Residents requiring restraints.	36	29.8	41.4	41.3
Confused or disoriented residents.	65	53.7	53.3	58.4
Residents with bed sores.	5	4.1	5.6	7.1
Residents receiving special skin care.	33	27.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOND DU LAC LUTHERAN HOME

Street Address: 244 N MACY ST		**City and State:** FOND DU LAC WI 54935	
Participation: MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	70.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	96	64.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	87	58.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	58.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	46.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	53.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	54	36.0	46.9	50.8
Residents requiring restraints.	44	29.3	41.4	41.3
Confused or disoriented residents.	81	54.0	53.3	58.4
Residents with bed sores.	5	3.3	5.6	7.1
Residents receiving special skin care.	21	14.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROLLING MEADOWS

Street Address: 1155 S WILITARY RD	**City and State:** FOND DU LAC WI 54935

Participation: MEDICAID SNF/ICF	**# of Beds:** 177	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 0	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	66.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	77.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	77.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	75.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	72.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	34.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	91	53.5	46.9	50.8
Residents requiring restraints.	87	51.2	41.4	41.3
Confused or disoriented residents.	82	48.2	53.3	58.4
Residents with bed sores.	20	11.8	5.6	7.1
Residents receiving special skin care.	57	33.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS HOME

Street Address: 365 GILLETT ST		**City and State:** FOND DU LAC WI 54935	
Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	75.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	45	64.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	51.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	57.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	58.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	27.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	14	20.0	46.9	50.8
Residents requiring restraints.	31	44.3	41.4	41.3
Confused or disoriented residents.	41	58.6	53.3	58.4
Residents with bed sores.	2	2.9	5.6	7.1
Residents receiving special skin care.	4	5.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FT ATKINSON HEALTH CARE CTR INC

Street Address: 430 WILCOX ST		**City and State:** FORT ATKINSON WI 53538	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	78.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	97	85.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	72.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	69.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	62.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	22.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	64	56.1	46.9	50.8
Residents requiring restraints.	55	48.2	41.4	41.3
Confused or disoriented residents.	65	57.0	53.3	58.4
Residents with bed sores.	5	4.4	5.6	7.1
Residents receiving special skin care.	11	9.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MICHAELS EVANG LUTH HOME

Street Address: 270 NORTH ST		**City and State:** FOUNTAIN CITY WI 54629	
Participation: MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	83.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	71.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	57.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	44.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	9	18.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	29.3	37.7
Completely bedfast residents.	1	2.0	1.1	3.4
Residents confined to chairs.	9	18.4	46.9	50.8
Residents requiring restraints.	10	20.4	41.4	41.3
Confused or disoriented residents.	21	42.9	53.3	58.4
Residents with bed sores.	3	6.1	5.6	7.1
Residents receiving special skin care.	11	22.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK RIDGE CARE CENTER

Street Address: 18100 65TH CT		**City and State:** FRANKSVILLE WI 53126	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	82.4	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	17	50.0	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	14	41.2	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	41.2	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	29.4	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.9	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	8.8	12.8	39.1
Residents requiring restraints.	6	17.6	20.7	31.7
Confused or disoriented residents.	8	23.5	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	5	14.7	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FREDERIC MUN HOSP N H DIVISION

Street Address: 107 EAST OAK STREET	**City and State:** FREDERIC WI 54837

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	79.3	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	20	69.0	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	65.5	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	37.9	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.7	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	11	37.9	12.8	39.1
Residents requiring restraints.	11	37.9	20.7	31.7
Confused or disoriented residents.	16	55.2	36.0	55.8
Residents with bed sores.	2	6.9	2.5	4.7
Residents receiving special skin care.	4	13.8	18.0	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ADAMS COUNTY MEMORIAL HOSPITAL

Street Address: 500 LAKE STREET	**City and State:** FRIENDSHIP WI 53934

Participation: MEDICAID SNF/ICF	**# of Beds:** 18	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	88.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	18	100	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	16	88.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	83.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	83.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	55.6	29.3	37.7
Completely bedfast residents.	1	5.6	1.1	3.4
Residents confined to chairs.	14	77.8	46.9	50.8
Residents requiring restraints.	8	44.4	41.4	41.3
Confused or disoriented residents.	12	66.7	53.3	58.4
Residents with bed sores.	2	11.1	5.6	7.1
Residents receiving special skin care.	2	11.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA PINES LIVING CENTER

Street Address: 201 S PARK STREET	**City and State:** FRIENDSHIP WI 53934

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	78.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	116	99.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	86	73.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	82.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	49.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	94	80.3	46.9	50.8
Residents requiring restraints.	77	65.8	41.4	41.3
Confused or disoriented residents.	87	74.4	53.3	58.4
Residents with bed sores.	3	2.6	5.6	7.1
Residents receiving special skin care.	44	37.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARINUKA MANOR

Street Address: P.O. BOX 339	**City and State:** GALESVILLE WI 54630

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	59	LOCAL GOVERNMENT	10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	92.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	36	64.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	35	62.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	62.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	30.4	29.3	37.7
Completely bedfast residents.	1	1.8	1.1	3.4
Residents confined to chairs.	17	30.4	46.9	50.8
Residents requiring restraints.	29	51.8	41.4	41.3
Confused or disoriented residents.	43	76.8	53.3	58.4
Residents with bed sores.	3	5.4	5.6	7.1
Residents receiving special skin care.	29	51.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGHLAND HOME FOR THE AGED

Street Address: RT. 1 BOX 2 HWY H		**City and State:** GENOA CITY WI 53128	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	81.0	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	12	57.1	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	9	42.9	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	23.8	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	47.6	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	9.5	12.8	39.1
Residents requiring restraints.	3	14.3	20.7	31.7
Confused or disoriented residents.	11	52.4	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GILLETT NURSING HOME

Street Address: 330 ROBINHOOD LANE	**City and State:** GILLETT WI 54124

Participation: MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	75.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	25	69.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	16	44.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	50.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	44.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	27.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	14	38.9	46.9	50.8
Residents requiring restraints.	4	11.1	41.4	41.3
Confused or disoriented residents.	11	30.6	53.3	58.4
Residents with bed sores.	2	5.6	5.6	7.1
Residents receiving special skin care.	12	33.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GILMAN NURSING HOME

Street Address: RT 1 BOX 28	**City and State:** GILMAN WI 54433

Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	88.9	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	15	83.3	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	10	55.6	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	72.2	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	55.6	42.0	59.1
Residents on individually written bowel and bladder retraining program.	6	33.3	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	5.6	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	5.6	12.8	39.1
Residents requiring restraints.	5	27.8	20.7	31.7
Confused or disoriented residents.	10	55.6	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	9	50.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZASTROW CARE CENTER

Street Address: N 3531 ELDER DRIVE	**City and State:** GILMAN WI 54433

Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	100	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	15	68.2	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	10	45.5	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	68.2	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	50.0	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.6	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	18.2	12.8	39.1
Residents requiring restraints.	3	13.6	20.7	31.7
Confused or disoriented residents.	17	77.3	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	10	45.5	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENHAVEN

Street Address: RT 2 BOX 153		**City and State:** GLENWOOD CITY WI 54013	
Participation: MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	73.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	31	75.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	27	65.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	70.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	61.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	51.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	26	63.4	46.9	50.8
Residents requiring restraints.	13	31.7	41.4	41.3
Confused or disoriented residents.	18	43.9	53.3	58.4
Residents with bed sores.	5	12.2	5.6	7.1
Residents receiving special skin care.	10	24.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURNETT GEN HOSP & LTC

Street Address: 257 W ST GEORGE		**City and State:** GRANTSBURG WI 54840	
Participation: MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	72.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	40	78.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	70.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	88.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	49.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	25.5	29.3	37.7
Completely bedfast residents.	3	5.9	1.1	3.4
Residents confined to chairs.	34	66.7	46.9	50.8
Residents requiring restraints.	15	29.4	41.4	41.3
Confused or disoriented residents.	17	33.3	53.3	58.4
Residents with bed sores.	1	2.0	5.6	7.1
Residents receiving special skin care.	21	41.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HLTH CARE CTR

Street Address: 600 SOUTH WEBSTER AVENUE	**City and State:** GREEN BAY WI 54301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 3	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	79.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	52	89.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	45	77.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	91.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	81.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	6.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	34.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	34	58.6	46.9	50.8
Residents requiring restraints.	38	65.5	41.4	41.3
Confused or disoriented residents.	23	39.7	53.3	58.4
Residents with bed sores.	4	6.9	5.6	7.1
Residents receiving special skin care.	15	25.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA NURSING CENTER WEST

Street Address: 1760 SHAWANO AVE	**City and State:** GREEN BAY WI 54303

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	28.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	86	91.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	81.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	88.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	77.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	24.5	29.3	37.7
Completely bedfast residents.	3	3.2	1.1	3.4
Residents confined to chairs.	86	91.5	46.9	50.8
Residents requiring restraints.	67	71.3	41.4	41.3
Confused or disoriented residents.	29	30.9	53.3	58.4
Residents with bed sores.	14	14.9	5.6	7.1
Residents receiving special skin care.	42	44.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BORNEMANNS NH 2

Street Address: 226 BORNEMANN STREET	**City and State:** GREEN BAY WI 54302

Participation: MEDICAID SNF/ICF	**# of Beds:** 146	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	66.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	117	81.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	105	73.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	71.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	77.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	29.4	29.3	37.7
Completely bedfast residents.	5	3.5	1.1	3.4
Residents confined to chairs.	65	45.5	46.9	50.8
Residents requiring restraints.	85	59.4	41.4	41.3
Confused or disoriented residents.	85	59.4	53.3	58.4
Residents with bed sores.	17	11.9	5.6	7.1
Residents receiving special skin care.	94	65.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWN CO HEALTH CARE CTR

Street Address: 2900 ST ANTHONY DR	**City and State:** GREEN BAY WI 54301

Participation: MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 0	**Medicaid Residents:** 163

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	65.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	67	40.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	27.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	21.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	30.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	16	9.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	9.6	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	32	19.2	46.9	50.8
Residents requiring restraints.	26	15.6	41.4	41.3
Confused or disoriented residents.	71	42.5	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	20	12.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANCARE NURSING CENTER

Street Address: 1555 DOUSMAN STREET	**City and State:** GREEN BAY WI 54303

Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	85.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	60	85.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	77.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	74.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	75.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	14	20.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	25.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	29	41.4	46.9	50.8
Residents requiring restraints.	38	54.3	41.4	41.3
Confused or disoriented residents.	42	60.0	53.3	58.4
Residents with bed sores.	5	7.1	5.6	7.1
Residents receiving special skin care.	2	2.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GUARDIAN ANGEL NURSING HOME

Street Address: 2997 SAINT ANTHONY DRIVE	**City and State:** GREEN BAY WI 54301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	90.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	55	91.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	65.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	65.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	5.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	7	11.7	46.9	50.8
Residents requiring restraints.	17	28.3	41.4	41.3
Confused or disoriented residents.	53	88.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	40	66.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW MANOR NURSING CTR

Street Address: 2961 ST ANTHONY DRIVE	**City and State:** GREEN BAY WI 54301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	74.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	125	89.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	114	82.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	74.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	56.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	23.0	29.3	37.7
Completely bedfast residents.	4	2.9	1.1	3.4
Residents confined to chairs.	62	44.6	46.9	50.8
Residents requiring restraints.	68	48.9	41.4	41.3
Confused or disoriented residents.	39	28.1	53.3	58.4
Residents with bed sores.	14	10.1	5.6	7.1
Residents receiving special skin care.	20	14.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN LUIS MANOR

Street Address: 2305 SAN LUIS PLACE	**City and State:** GREEN BAY WI 54304

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	142	80.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	148	84.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	137	77.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	79.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	73.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	35.8	29.3	37.7
Completely bedfast residents.	7	4.0	1.1	3.4
Residents confined to chairs.	95	54.0	46.9	50.8
Residents requiring restraints.	67	38.1	41.4	41.3
Confused or disoriented residents.	87	49.4	53.3	58.4
Residents with bed sores.	13	7.4	5.6	7.1
Residents receiving special skin care.	10	5.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN VILLAGE

Street Address: 1640 SHAWANO AVENUE	**City and State:** GREEN BAY WI 54303

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 0	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	88.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	101	82.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	82	67.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	71.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	55.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	24.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	54	44.3	46.9	50.8
Residents requiring restraints.	43	35.2	41.4	41.3
Confused or disoriented residents.	69	56.6	53.3	58.4
Residents with bed sores.	10	8.2	5.6	7.1
Residents receiving special skin care.	37	30.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WISC ODD FELLOW REBEKAH NURSING HOME

Street Address: 1229 S JACKSON ST	**City and State:** GREEN BAY WI 54301

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	81.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	67	81.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	68.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	62.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	26.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	38	46.3	46.9	50.8
Residents requiring restraints.	46	56.1	41.4	41.3
Confused or disoriented residents.	35	42.7	53.3	58.4
Residents with bed sores.	1	1.2	5.6	7.1
Residents receiving special skin care.	39	47.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODSIDE LUTHERAN HOME

Street Address: 1040 PILGRIM WAY	**City and State:** GREEN BAY WI 54304

Participation: MEDICAID SNF/ICF	**# of Beds:** 168	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	79.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	130	79.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	100	61.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	84.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	55.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	26.8	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	106	64.6	46.9	50.8
Residents requiring restraints.	67	40.9	41.4	41.3
Confused or disoriented residents.	93	56.7	53.3	58.4
Residents with bed sores.	13	7.9	5.6	7.1
Residents receiving special skin care.	22	13.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEMENT MANOR HEALTH CARE CENTER

Street Address: 3939 SOUTH 92ND STREET	**City and State:** GREENFIELD WI 53228

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 6	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	82.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	84.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	77.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	77.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	73.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	33.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	70	44.6	46.9	50.8
Residents requiring restraints.	82	52.2	41.4	41.3
Confused or disoriented residents.	90	57.3	53.3	58.4
Residents with bed sores.	12	7.6	5.6	7.1
Residents receiving special skin care.	33	21.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUDOR OAKS HEALTH CENTER

Street Address: S77 W12929 MCSHANE DR	**City and State:** HALES CORNERS WI 53130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	83.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	57	95.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	81.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	85.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	58.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	40.0	29.3	37.7
Completely bedfast residents.	3	5.0	1.1	3.4
Residents confined to chairs.	42	70.0	46.9	50.8
Residents requiring restraints.	29	48.3	41.4	41.3
Confused or disoriented residents.	51	85.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	25	41.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICAN HERITAGE CARE CTR

Street Address: 425 DAVIS ST		**City and State:** HAMMOND WI 54015	
Participation: MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	87.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	50	86.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	87.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	84.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	89.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	19	32.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	62.1	29.3	37.7
Completely bedfast residents.	1	1.7	1.1	3.4
Residents confined to chairs.	23	39.7	46.9	50.8
Residents requiring restraints.	42	72.4	41.4	41.3
Confused or disoriented residents.	38	65.5	53.3	58.4
Residents with bed sores.	2	3.4	5.6	7.1
Residents receiving special skin care.	15	25.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARDFORD CARE CENTER

Street Address: 1202 EAST SUMNER STREET		**City and State:** HARTFORD WI 53027	
Participation: MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	67.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	79	71.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	64.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	79.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	53.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	41	36.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	36.9	29.3	37.7
Completely bedfast residents.	1	0.9	1.1	3.4
Residents confined to chairs.	70	63.1	46.9	50.8
Residents requiring restraints.	56	50.5	41.4	41.3
Confused or disoriented residents.	63	56.8	53.3	58.4
Residents with bed sores.	3	2.7	5.6	7.1
Residents receiving special skin care.	24	21.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDDLE RIVER HEALTH FACILITY

Street Address:	**City and State:** HAWTHORNE WI 54842

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	54.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	86	82.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	63.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	76.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	32.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	69	66.3	46.9	50.8
Residents requiring restraints.	45	43.3	41.4	41.3
Confused or disoriented residents.	59	56.7	53.3	58.4
Residents with bed sores.	3	2.9	5.6	7.1
Residents receiving special skin care.	19	18.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAYWARD NH

Street Address: RT 3 BOX 3999	**City and State:** HAYWARD WI 54843

Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	92.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	59	78.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	50	66.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	65.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	65.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	26.7	29.3	37.7
Completely bedfast residents.	2	2.7	1.1	3.4
Residents confined to chairs.	40	53.3	46.9	50.8
Residents requiring restraints.	42	56.0	41.4	41.3
Confused or disoriented residents.	48	64.0	53.3	58.4
Residents with bed sores.	10	13.3	5.6	7.1
Residents receiving special skin care.	38	50.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY HEALTH CARE CENTER

Street Address: P O BOX 779	**City and State:** HAYWARD WI 54843

Participation: MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	85.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	44	81.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	68.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	81.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	68.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	10	18.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	35.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	29.6	46.9	50.8
Residents requiring restraints.	24	44.4	41.4	41.3
Confused or disoriented residents.	26	48.1	53.3	58.4
Residents with bed sores.	1	1.9	5.6	7.1
Residents receiving special skin care.	7	13.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS HM

Street Address: 400 WATER ST	**City and State:** HILLSBORO WI 54634

Participation: MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	11.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	57	93.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	50	82.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	95.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	78.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	19	31.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	41.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	21	34.4	46.9	50.8
Residents requiring restraints.	18	29.5	41.4	41.3
Confused or disoriented residents.	42	68.9	53.3	58.4
Residents with bed sores.	2	3.3	5.6	7.1
Residents receiving special skin care.	23	37.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTIAN COMMUNITY HOME OF HUDSON

Street Address: 1415 LAUREL AVE	**City and State:** HUDSON WI 54016

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	78.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	77.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	58.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	70.7	29.3	37.7
Completely bedfast residents.	2	2.7	1.1	3.4
Residents confined to chairs.	54	72.0	46.9	50.8
Residents requiring restraints.	41	54.7	41.4	41.3
Confused or disoriented residents.	52	69.3	53.3	58.4
Residents with bed sores.	4	5.3	5.6	7.1
Residents receiving special skin care.	31	41.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SKY VIEW NURSING HOME

Street Address: 309 IRON ST	**City and State:** HURLEY WI 54534

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	62.9	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	57.1	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	31.4	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	2.9	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	22.9	42.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.7	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	1	2.9	20.7	31.7
Confused or disoriented residents.	13	37.1	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	1	2.9	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA MARIA HEALTH CARE CTR

Street Address: VILLA DRIVE	**City and State:** HURLEY WI 54534

Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	92.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	61	87.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	91.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	68.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	52.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	37.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	31	44.3	46.9	50.8
Residents requiring restraints.	35	50.0	41.4	41.3
Confused or disoriented residents.	44	62.9	53.3	58.4
Residents with bed sores.	9	12.9	5.6	7.1
Residents receiving special skin care.	64	91.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IOLA NURSING HOME

Street Address: 185 S WASHINGTON ST	**City and State:** IOLA WI 54945

Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	97.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	22	61.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	22	61.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	63.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	14	38.9	46.9	50.8
Residents requiring restraints.	10	27.8	41.4	41.3
Confused or disoriented residents.	12	33.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	8	22.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR CREST HLTH CTR

Street Address: 1700 S RIVER RD	**City and State:** JANESVILLE WI 53545

Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	83	89.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	80.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	81.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	66	71.0	46.9	50.8
Residents requiring restraints.	49	52.7	41.4	41.3
Confused or disoriented residents.	46	49.5	53.3	58.4
Residents with bed sores.	4	4.3	5.6	7.1
Residents receiving special skin care.	23	24.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JANESVILLE HLTH CTR

Street Address: 119 SOUTH PARKER DRIVE	**City and State:** JANESVILLE WI 53545

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	68.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	83.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	65	69.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	68.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	62.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.4	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	47	50.5	46.9	50.8
Residents requiring restraints.	40	43.0	41.4	41.3
Confused or disoriented residents.	42	45.2	53.3	58.4
Residents with bed sores.	3	3.2	5.6	7.1
Residents receiving special skin care.	23	24.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROCK COUNTY HEALTH CARE CENTER

Street Address: NORTH PARKER DRIVE P O BOX 351	**City and State:** JANESVILLE WI 53547

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 388	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 353	**Medicare Residents:** 3	**Medicaid Residents:** 350

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	255	72.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	250	70.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	204	57.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	54.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	167	47.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	24	6.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	17.3	29.3	37.7
Completely bedfast residents.	1	0.3	1.1	3.4
Residents confined to chairs.	180	51.0	46.9	50.8
Residents requiring restraints.	126	35.7	41.4	41.3
Confused or disoriented residents.	231	65.4	53.3	58.4
Residents with bed sores.	31	8.8	5.6	7.1
Residents receiving special skin care.	134	38.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE HOME

Street Address: 1425 WISCONSIN DR	**City and State:** JEFFERSON WI 53549

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 353	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 282	**Medicare Residents:** 8	**Medicaid Residents:** 225

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	225	79.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	212	75.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	209	74.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	69.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	199	70.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	1.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	29.1	29.3	37.7
Completely bedfast residents.	4	1.4	1.1	3.4
Residents confined to chairs.	108	38.3	46.9	50.8
Residents requiring restraints.	131	46.5	41.4	41.3
Confused or disoriented residents.	138	48.9	53.3	58.4
Residents with bed sores.	5	1.8	5.6	7.1
Residents receiving special skin care.	158	56.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEARVIEW NURSING HOME

Street Address: 198 HOME ROAD	**City and State:** JUNEAU WI 53039

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 243	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 202	**Medicare Residents:** 2	**Medicaid Residents:** 133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	175	86.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	161	79.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	130	64.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	70.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	71.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	36.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	140	69.3	46.9	50.8
Residents requiring restraints.	95	47.0	41.4	41.3
Confused or disoriented residents.	128	63.4	53.3	58.4
Residents with bed sores.	10	5.0	5.6	7.1
Residents receiving special skin care.	72	35.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DODGE COUNTY MENTAL HEALTH CENTER

Street Address: 199 HOME RD	**City and State:** JUNEAU WI 53039

Participation: MEDICAID SNF/ICF	**# of Beds:** 233	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 201	**Medicare Residents:** 0	**Medicaid Residents:** 180

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	79.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	122	60.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	85	42.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	45.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	49.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	13	6.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	18.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	51	25.4	46.9	50.8
Residents requiring restraints.	53	26.4	41.4	41.3
Confused or disoriented residents.	134	66.7	53.3	58.4
Residents with bed sores.	4	2.0	5.6	7.1
Residents receiving special skin care.	50	24.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW HEALTH CENTER

Street Address: 200 SANATORIUM ROAD	**City and State:** KAUKAUNA WI 54130

Participation: MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	78.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	38	76.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	6.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	10	20.0	46.9	50.8
Residents requiring restraints.	21	42.0	41.4	41.3
Confused or disoriented residents.	26	52.0	53.3	58.4
Residents with bed sores.	3	6.0	5.6	7.1
Residents receiving special skin care.	21	42.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAUL HOME

Street Address: 509 W WISCONSIN ST	**City and State:** KAUKAUNA WI 54130

Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	80.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	33	63.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	33	63.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	67.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	57.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	17	32.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	15	28.8	46.9	50.8
Residents requiring restraints.	20	38.5	41.4	41.3
Confused or disoriented residents.	24	46.2	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	25	48.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKSIDE CARE CENTER

Street Address: 3506 WASHINGTON RD		**City and State:** KENOSHA WI 53140	
Participation: MEDICAID SNF/ICF	**# of Beds:** 263	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
260	0	246

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	225	86.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	211	81.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	180	69.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	65.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	176	67.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	14	5.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	28.5	29.3	37.7
Completely bedfast residents.	1	0.4	1.1	3.4
Residents confined to chairs.	157	60.4	46.9	50.8
Residents requiring restraints.	62	23.8	41.4	41.3
Confused or disoriented residents.	174	66.9	53.3	58.4
Residents with bed sores.	5	1.9	5.6	7.1
Residents receiving special skin care.	58	22.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAIRIDGE HOUSE

Street Address: 1519 60TH STREET	**City and State:** KENOSHA WI 53140

Participation: MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	33.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	25	27.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	22	24.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	22.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	25.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	13.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	18	20.0	46.9	50.8
Residents requiring restraints.	16	17.8	41.4	41.3
Confused or disoriented residents.	20	22.2	53.3	58.4
Residents with bed sores.	3	3.3	5.6	7.1
Residents receiving special skin care.	7	7.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAYTON RESIDENTIAL CARE FACILITY

Street Address: 521 59TH STREET	**City and State:** KENOSHA WI 53140

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	7.7	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	7	10.8	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	10.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	2	3.1	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	6	9.2	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY MANOR

Street Address: 8633 32ND AVE	**City and State:** KENOSHA WI 53140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 2	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	93.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	72	100	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	95.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	73.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	55.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	36.1	29.3	37.7
Completely bedfast residents.	8	11.1	1.1	3.4
Residents confined to chairs.	42	58.3	46.9	50.8
Residents requiring restraints.	37	51.4	41.4	41.3
Confused or disoriented residents.	28	38.9	53.3	58.4
Residents with bed sores.	8	11.1	5.6	7.1
Residents receiving special skin care.	8	11.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY LAWN NURSING HOME EAST

Street Address: 920-61ST ST	**City and State:** KENOSHA WI 53140

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	58.7	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	28	37.3	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	21	28.0	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	26.7	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	26.7	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	9.3	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	2.7	12.8	39.1
Residents requiring restraints.	12	16.0	20.7	31.7
Confused or disoriented residents.	21	28.0	36.0	55.8
Residents with bed sores.	2	2.7	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY LAWN NURSING HOME-WEST

Street Address: 1703 60TH ST	**City and State:** KENOSHA WI 53140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	64.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	86	75.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	72.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	72.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	58.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	72	63.2	46.9	50.8
Residents requiring restraints.	59	51.8	41.4	41.3
Confused or disoriented residents.	64	56.1	53.3	58.4
Residents with bed sores.	13	11.4	5.6	7.1
Residents receiving special skin care.	47	41.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERIDAN NURSING HOME

Street Address: 8400 SHERIDAN RD	**City and State:** KENOSHA WI 53140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 2	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	94.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	75.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	76	73.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	77.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	56.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	37.9	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	69	67.0	46.9	50.8
Residents requiring restraints.	56	54.4	41.4	41.3
Confused or disoriented residents.	59	57.3	53.3	58.4
Residents with bed sores.	8	7.8	5.6	7.1
Residents receiving special skin care.	14	13.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS HOME

Street Address: 9244 29TH AVE	**City and State:** KENOSHA WI 53140

Participation: MEDICAID SNF/ICF	**# of Beds:** 93	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	90.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	69	75.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	50.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	75.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	64.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	2	2.2	46.9	50.8
Residents requiring restraints.	13	14.1	41.4	41.3
Confused or disoriented residents.	25	27.2	53.3	58.4
Residents with bed sores.	3	3.3	5.6	7.1
Residents receiving special skin care.	9	9.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON MANOR NURSING HOME

Street Address: 3100 WASHINGTON RD	**City and State:** KENOSHA WI 53140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	60.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	83	82.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	70.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	74.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	57.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	21.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	67	66.3	46.9	50.8
Residents requiring restraints.	54	53.5	41.4	41.3
Confused or disoriented residents.	56	55.4	53.3	58.4
Residents with bed sores.	5	5.0	5.6	7.1
Residents receiving special skin care.	66	65.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODSTOCK/KENOSHA HEALTH CENTER

Street Address: 3415 N SHERIDAN ROAD	**City and State:** KENOSHA WI 53140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 183	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	**Medicare Residents:** 1	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	65.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	144	82.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	121	69.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	69.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	59.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	25.7	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	97	55.4	46.9	50.8
Residents requiring restraints.	76	43.4	41.4	41.3
Confused or disoriented residents.	92	52.6	53.3	58.4
Residents with bed sores.	14	8.0	5.6	7.1
Residents receiving special skin care.	39	22.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEECHWOOD NURSING HOME

Street Address: 16-98 HWY A, ROUTE 1		**City and State:** KEWASKUM WI 53040	
Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	61.5	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	18	69.2	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	12	46.2	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	42.3	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	46.2	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	3.8	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	7	26.9	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	9	34.6	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEWAUNEE HEALTH CARE CENTER

Street Address: 1308 LINCOLN STREET		**City and State:** KEWAUNEE WI 54216	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	81	85.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	87	91.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	76.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	64.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	26.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	51	53.7	46.9	50.8
Residents requiring restraints.	45	47.4	41.4	41.3
Confused or disoriented residents.	42	44.2	53.3	58.4
Residents with bed sores.	9	9.5	5.6	7.1
Residents receiving special skin care.	30	31.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WISCONSIN VET HOME

Street Address: BURNS-CLEMENS BLDG		**City and State:** KING WI 54946	
Participation: MEDICAID SNF/ICF	**# of Beds:** 193	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
144	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	63.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	64	44.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	30	20.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	62.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	31.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	8	5.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	9.7	29.3	37.7
Completely bedfast residents.	2	1.4	1.1	3.4
Residents confined to chairs.	19	13.2	46.9	50.8
Residents requiring restraints.	10	6.9	41.4	41.3
Confused or disoriented residents.	57	39.6	53.3	58.4
Residents with bed sores.	3	2.1	5.6	7.1
Residents receiving special skin care.	42	29.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WISCONSIN VETERAN S HOME

Street Address: STORDOCK HALL BUILDING 700	**City and State:** KING WI 54946

Participation: MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 195	**Medicare Residents:** 0	**Medicaid Residents:** 127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	67.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	93	47.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	40.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	39.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	42.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	13.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	56	28.7	46.9	50.8
Residents requiring restraints.	33	16.9	41.4	41.3
Confused or disoriented residents.	62	31.8	53.3	58.4
Residents with bed sores.	9	4.6	5.6	7.1
Residents receiving special skin care.	94	48.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WISCONSIN VETERANS HOME

Street Address: MACARTHUR HALL BUILDING 422	**City and State:** KING WI 54946

Participation: MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	80.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	75	65.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	49.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	64.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	59.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	11	9.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	15.8	29.3	37.7
Completely bedfast residents.	1	0.9	1.1	3.4
Residents confined to chairs.	56	49.1	46.9	50.8
Residents requiring restraints.	34	29.8	41.4	41.3
Confused or disoriented residents.	44	38.6	53.3	58.4
Residents with bed sores.	6	5.3	5.6	7.1
Residents receiving special skin care.	30	26.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WISCONSIN VETERANS HOME

Street Address: OLSON HALL BLDG 600		**City and State:** KING WI 54946	
Participation: MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
199	0	152

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	139	69.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	136	68.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	101	50.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	60.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	55.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	14.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	82	41.2	46.9	50.8
Residents requiring restraints.	51	25.6	41.4	41.3
Confused or disoriented residents.	56	28.1	53.3	58.4
Residents with bed sores.	18	9.0	5.6	7.1
Residents receiving special skin care.	62	31.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY RIVERSIDE

Street Address: 2575 SOUTH 7TH STREET	**City and State:** LA CROSSE WI 54601

Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	57.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	83	68.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	58.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	60.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	9.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	7	5.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	18.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	51	42.1	46.9	50.8
Residents requiring restraints.	50	41.3	41.4	41.3
Confused or disoriented residents.	47	38.8	53.3	58.4
Residents with bed sores.	5	4.1	5.6	7.1
Residents receiving special skin care.	121	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY-ST JOSEPH HLTH CARE CTR

Street Address: 2501 SHELBY ROAD	**City and State:** LA CROSSE WI 54601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	**Medicare Residents:** 4	**Medicaid Residents:** 160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	195	88.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	189	85.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	172	78.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	81.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	167	75.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	9	4.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	45.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	102	46.4	46.9	50.8
Residents requiring restraints.	128	58.2	41.4	41.3
Confused or disoriented residents.	124	56.4	53.3	58.4
Residents with bed sores.	16	7.3	5.6	7.1
Residents receiving special skin care.	76	34.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW HEALTH CARE CENTER

Street Address: 3501 PARK LANE DR		**City and State:** LA CROSSE WI 54601	
Participation: MEDICAID SNF/ICF	**# of Beds:** 228	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 224	**Medicare Residents:** 0	**Medicaid Residents:** 153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	212	94.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	210	93.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	176	78.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	94.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	160	71.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	39.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	141	62.9	46.9	50.8
Residents requiring restraints.	103	46.0	41.4	41.3
Confused or disoriented residents.	119	53.1	53.3	58.4
Residents with bed sores.	9	4.0	5.6	7.1
Residents receiving special skin care.	35	15.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS HOME

Street Address:
700 WEST AVENUE SOUTH

City and State:
LA CROSSE WI 54601

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
95

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
94

Medicare Residents:
0

Medicaid Residents:
54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	72.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	71.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	66.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	85.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	61.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	31	33.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	45	47.9	46.9	50.8
Residents requiring restraints.	40	42.6	41.4	41.3
Confused or disoriented residents.	38	40.4	53.3	58.4
Residents with bed sores.	5	5.3	5.6	7.1
Residents receiving special skin care.	32	34.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS NH

Street Address: 2902 EAST AVENUE S	**City and State:** LA CROSSE WI 54601

Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	79.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	65	83.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	70.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	66.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	60.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	21.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	39	50.0	46.9	50.8
Residents requiring restraints.	22	28.2	41.4	41.3
Confused or disoriented residents.	40	51.3	53.3	58.4
Residents with bed sores.	5	6.4	5.6	7.1
Residents receiving special skin care.	31	39.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LADYSMITH NURSING HOME

Street Address: 120 E 4TH ST	**City and State:** LADYSMITH WI 54848

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	91.9	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	22	59.5	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	27	73.0	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	62.2	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	64.9	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	24.3	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	10.8	12.8	39.1
Residents requiring restraints.	7	18.9	20.7	31.7
Confused or disoriented residents.	13	35.1	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	12	32.4	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUSK COUNTY MEMORIAL N H

Street Address: 900 COLLEGE AVENUE WEST	**City and State:** LADYSMITH WI 54848

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	86.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	94	82.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	86	75.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	78.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	59.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	15	13.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	26.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	64	56.1	46.9	50.8
Residents requiring restraints.	58	50.9	41.4	41.3
Confused or disoriented residents.	69	60.5	53.3	58.4
Residents with bed sores.	5	4.4	5.6	7.1
Residents receiving special skin care.	38	33.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GENEVA LAKE MANOR

Street Address: 211 SOUTH CURTIS ST		**City and State:** LAKE GENEVA WI 53147	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	75.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	50	83.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	61.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	81.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	63.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	37	61.7	46.9	50.8
Residents requiring restraints.	31	51.7	41.4	41.3
Confused or disoriented residents.	30	50.0	53.3	58.4
Residents with bed sores.	1	1.7	5.6	7.1
Residents receiving special skin care.	18	30.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWBROOK OF LAKE MILLS

Street Address: 901 MULBERRY STREET	**City and State:** LAKE MILLS WI 53551

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 6	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	72.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	48	81.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	48	81.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	72.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	52.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	57.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	24	40.7	46.9	50.8
Residents requiring restraints.	37	62.7	41.4	41.3
Confused or disoriented residents.	41	69.5	53.3	58.4
Residents with bed sores.	6	10.2	5.6	7.1
Residents receiving special skin care.	24	40.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANCASTER LIVING CENTER

Street Address: 1350 S MADISON STREET	**City and State:** LANCASTER WI 53813

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	86.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	76	77.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	73.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	60.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	54.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	43	43.9	46.9	50.8
Residents requiring restraints.	44	44.9	41.4	41.3
Confused or disoriented residents.	45	45.9	53.3	58.4
Residents with bed sores.	3	3.1	5.6	7.1
Residents receiving special skin care.	7	7.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORCHARD MANOR NORTH

Street Address: P O BOX 431		**City and State:** LANCASTER WI 53813	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	81.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	76	66.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	60.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	55.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	54.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	25	21.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	25.2	29.3	37.7
Completely bedfast residents.	2	1.7	1.1	3.4
Residents confined to chairs.	32	27.8	46.9	50.8
Residents requiring restraints.	42	36.5	41.4	41.3
Confused or disoriented residents.	45	39.1	53.3	58.4
Residents with bed sores.	2	1.7	5.6	7.1
Residents receiving special skin care.	10	8.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORCHARD MANOR SOUTH

Street Address: BOX 431		**City and State:** LANCASTER WI 53813	
Participation: MEDICAID SNF/ICF	**# of Beds:** 30	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	85.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	18	85.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	18	85.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	66.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	81.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	15	71.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	61.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	3	14.3	46.9	50.8
Residents requiring restraints.	11	52.4	41.4	41.3
Confused or disoriented residents.	19	90.5	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	1	4.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKSIDE CARE CENTER

Street Address: 1201 GARFIELD AVENUE		**City and State:** LITTLE CHUTE WI 54140	
Participation: MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	77.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	82	82.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	74.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	36.4	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	72	72.7	46.9	50.8
Residents requiring restraints.	34	34.3	41.4	41.3
Confused or disoriented residents.	68	68.7	53.3	58.4
Residents with bed sores.	8	8.1	5.6	7.1
Residents receiving special skin care.	26	26.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LODI GOOD SAMARITAN CENTER

Street Address: 700 CLARK STREET	**City and State:** LODI WI 53555

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	91.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	89	89.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	79.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	60.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.0	29.3	37.7
Completely bedfast residents.	3	3.0	1.1	3.4
Residents confined to chairs.	81	81.0	46.9	50.8
Residents requiring restraints.	54	54.0	41.4	41.3
Confused or disoriented residents.	47	47.0	53.3	58.4
Residents with bed sores.	9	9.0	5.6	7.1
Residents receiving special skin care.	47	47.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOPE NURSING HOME

Street Address: 438 ASHFORD AVE	**City and State:** LOMIRA WI 53048

Participation: MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	85.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	32	78.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	27	65.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	75.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	82.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	48.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	28	68.3	46.9	50.8
Residents requiring restraints.	9	22.0	41.4	41.3
Confused or disoriented residents.	26	63.4	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	7	17.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNITED PIONEER HOME

Street Address: 210 PARK AVE		**City and State:** LUCK WI 54853	
Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	59.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	73.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	58.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	54.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	50.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	34	37.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.0	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	42	45.7	46.9	50.8
Residents requiring restraints.	38	41.3	41.4	41.3
Confused or disoriented residents.	61	66.3	53.3	58.4
Residents with bed sores.	1	1.1	5.6	7.1
Residents receiving special skin care.	21	22.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBOR VIEW HEALTH CARE CENTER

Street Address: 1347 FISH HATCHERY RD	**City and State:** MADISON WI 53715

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 184	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 4	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	157	95.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	151	91.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	131	79.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	61.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	84.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	22	13.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	15.8	29.3	37.7
Completely bedfast residents.	4	2.4	1.1	3.4
Residents confined to chairs.	108	65.5	46.9	50.8
Residents requiring restraints.	116	70.3	41.4	41.3
Confused or disoriented residents.	116	70.3	53.3	58.4
Residents with bed sores.	14	8.5	5.6	7.1
Residents receiving special skin care.	106	64.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CITY VIEW NURSING HOME

Street Address: ROUTE 10 3737 BURKE ROAD	**City and State:** MADISON WI 53704

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 2	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	55	91.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	85.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	73.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	48.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	41	68.3	46.9	50.8
Residents requiring restraints.	39	65.0	41.4	41.3
Confused or disoriented residents.	46	76.7	53.3	58.4
Residents with bed sores.	6	10.0	5.6	7.1
Residents receiving special skin care.	9	15.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR NURSING AND CONV HOME

Street Address: 110 BELMONT RD	**City and State:** MADISON WI 53714

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 6	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	79.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	121	86.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	115	82.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	81.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	63.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	27.1	29.3	37.7
Completely bedfast residents.	1	0.7	1.1	3.4
Residents confined to chairs.	94	67.1	46.9	50.8
Residents requiring restraints.	72	51.4	41.4	41.3
Confused or disoriented residents.	58	41.4	53.3	58.4
Residents with bed sores.	10	7.1	5.6	7.1
Residents receiving special skin care.	55	39.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KARMENTA NURSING HOME

Street Address: 4502 MILWAUKEE STREET		**City and State:** MADISON WI 53714	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	96.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	84	82.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	64.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	71.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	71.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	25.5	29.3	37.7
Completely bedfast residents.	4	3.9	1.1	3.4
Residents confined to chairs.	82	80.4	46.9	50.8
Residents requiring restraints.	48	47.1	41.4	41.3
Confused or disoriented residents.	86	84.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	1	1.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER HEALTHCARE CENTER OF MADISON

Street Address: 801 BRAXTON PLACE	**City and State:** MADISON WI 53715

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 6	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	64.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	122	80.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	118	78.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	85.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	82.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	33.1	29.3	37.7
Completely bedfast residents.	2	1.3	1.1	3.4
Residents confined to chairs.	102	67.5	46.9	50.8
Residents requiring restraints.	76	50.3	41.4	41.3
Confused or disoriented residents.	77	51.0	53.3	58.4
Residents with bed sores.	13	8.6	5.6	7.1
Residents receiving special skin care.	22	14.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON CONV CENTER

Street Address: 2308 UNIVERSITY AVE	**City and State:** MADISON WI 53705

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	65.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	92	73.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	62.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	54.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	65.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	17.5	29.3	37.7
Completely bedfast residents.	3	2.4	1.1	3.4
Residents confined to chairs.	57	45.2	46.9	50.8
Residents requiring restraints.	31	24.6	41.4	41.3
Confused or disoriented residents.	53	42.1	53.3	58.4
Residents with bed sores.	15	11.9	5.6	7.1
Residents receiving special skin care.	14	11.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METHODIST HEALTH CENTER

Street Address: 334 WEST DOTY ST	**City and State:** MADISON WI 53703

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 3	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	65.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	91	75.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	73.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	11.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	15.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	13	10.8	46.9	50.8
Residents requiring restraints.	47	39.2	41.4	41.3
Confused or disoriented residents.	32	26.7	53.3	58.4
Residents with bed sores.	5	4.2	5.6	7.1
Residents receiving special skin care.	28	23.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONONA DRIVE REST HOME

Street Address: 4202 MONONA DRIVE	**City and State:** MADISON WI 53716

Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	71.4	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	3	42.9	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	14.3	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	1	14.3	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD LUTHERAN HOME HEBRON HOME

Street Address: 6201 MINERAL POINT RD	**City and State:** MADISON WI 53705

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	73.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	109	79.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	97	70.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	64.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	66.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	24.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	88	64.2	46.9	50.8
Residents requiring restraints.	54	39.4	41.4	41.3
Confused or disoriented residents.	65	47.4	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	20	14.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYHILL HEALTHCARE CENTER

Street Address: 4325 NAKOMA ROAD	**City and State:** MADISON WI 53711

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	74.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	35	70.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	20	40.0	46.9	50.8
Residents requiring restraints.	22	44.0	41.4	41.3
Confused or disoriented residents.	27	54.0	53.3	58.4
Residents with bed sores.	2	4.0	5.6	7.1
Residents receiving special skin care.	6	12.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANAWA COMMUNITY NURSING CENTER

Street Address: P O BOX 466 CORNER OF 4TH AND GROVE ST	**City and State:** MANAWA WI 54949

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	75.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	44	72.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	41	67.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	60.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	68.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	8	13.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	14.8	29.3	37.7
Completely bedfast residents.	17	27.9	1.1	3.4
Residents confined to chairs.	32	52.5	46.9	50.8
Residents requiring restraints.	31	50.8	41.4	41.3
Confused or disoriented residents.	33	54.1	53.3	58.4
Residents with bed sores.	2	3.3	5.6	7.1
Residents receiving special skin care.	9	14.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANITOWOC HEALTH CARE CTR

Street Address: 4200 CALUMET AVE RTE 5		**City and State:** MANITOWOC WI 54228	
Participation: MEDICAID SNF/ICF	**# of Beds:** 294	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 258	**Medicare Residents:** 0	**Medicaid Residents:** 240

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	191	74.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	63.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	52.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	56.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	50.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	14	5.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	20.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	101	39.1	46.9	50.8
Residents requiring restraints.	111	43.0	41.4	41.3
Confused or disoriented residents.	141	54.7	53.3	58.4
Residents with bed sores.	14	5.4	5.6	7.1
Residents receiving special skin care.	64	24.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MICHIGAN SHORES

Street Address: 1028 SOUTH 9TH STREET	**City and State:** MANITOWOC WI 54220

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	31.6	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	6	15.8	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	1	2.6	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	2.6	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	18.4	42.0	59.1
Residents on individually written bowel and bladder retraining program.	6	15.8	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	1	2.6	20.7	31.7
Confused or disoriented residents.	5	13.2	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	30	78.9	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH RIDGE CARE CENTER

Street Address: 1445 NORTH 7TH STREET	**City and State:** MANITOWOC WI 54220

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	67.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	97	73.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	100	75.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	73.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	72.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	39.4	29.3	37.7
Completely bedfast residents.	4	3.0	1.1	3.4
Residents confined to chairs.	71	53.8	46.9	50.8
Residents requiring restraints.	62	47.0	41.4	41.3
Confused or disoriented residents.	80	60.6	53.3	58.4
Residents with bed sores.	11	8.3	5.6	7.1
Residents receiving special skin care.	42	31.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK LAWN HOME

Street Address: 1308 S 22ND ST	**City and State:** MANITOWOC WI 54220

Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	93	95.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	87	89.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	93.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	44.3	29.3	37.7
Completely bedfast residents.	3	3.1	1.1	3.4
Residents confined to chairs.	88	90.7	46.9	50.8
Residents requiring restraints.	40	41.2	41.4	41.3
Confused or disoriented residents.	47	48.5	53.3	58.4
Residents with bed sores.	4	4.1	5.6	7.1
Residents receiving special skin care.	25	25.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY LANE HOME

Street Address: 1235 SOUTH 24TH STREET	**City and State:** MANITOWOC WI 54220

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	168	NON-PROFIT PRIVATE	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
163	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	57.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	94	57.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	44.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	28.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	43.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	38	23.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	5.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	12	7.4	46.9	50.8
Residents requiring restraints.	6	3.7	41.4	41.3
Confused or disoriented residents.	40	24.5	53.3	58.4
Residents with bed sores.	4	2.5	5.6	7.1
Residents receiving special skin care.	45	27.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS HOME FOR THE AGED

Street Address: 2005 DIVISION ST		**City and State:** MANITOWOC WI 54220	
Participation: MEDICAID SNF/ICF	**# of Beds:** 256	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 251	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	68.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	173	68.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	57.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	68.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	183	72.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	143	57.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	27.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	65	25.9	46.9	50.8
Residents requiring restraints.	127	50.6	41.4	41.3
Confused or disoriented residents.	40	15.9	53.3	58.4
Residents with bed sores.	11	4.4	5.6	7.1
Residents receiving special skin care.	47	18.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHER HOME

Street Address: 831 PINE BEACH ROAD	**City and State:** MARINETTE WI 54143

Participation: MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	118	74.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	93	58.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	69.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	60.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	25.8	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	62	39.0	46.9	50.8
Residents requiring restraints.	58	36.5	41.4	41.3
Confused or disoriented residents.	88	55.3	53.3	58.4
Residents with bed sores.	9	5.7	5.6	7.1
Residents receiving special skin care.	29	18.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERDALE MANOR

Street Address: 150 SOUTH BRIDGE STREET	**City and State:** MARKESAN WI 53946

Participation: MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	72.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	60	83.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	68.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	72.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	61.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	6.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	31.9	29.3	37.7
Completely bedfast residents.	3	4.2	1.1	3.4
Residents confined to chairs.	38	52.8	46.9	50.8
Residents requiring restraints.	27	37.5	41.4	41.3
Confused or disoriented residents.	39	54.2	53.3	58.4
Residents with bed sores.	4	5.6	5.6	7.1
Residents receiving special skin care.	27	37.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARSHFIELD LIVING CENTER

Street Address: 814 14TH AVE WEST	**City and State:** MARSHFIELD WI 54449

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 206	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	**Medicare Residents:** 9	**Medicaid Residents:** 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	179	89.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	182	91.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	169	84.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	162	81.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	38.0	29.3	37.7
Completely bedfast residents.	1	0.5	1.1	3.4
Residents confined to chairs.	130	65.0	46.9	50.8
Residents requiring restraints.	141	70.5	41.4	41.3
Confused or disoriented residents.	145	72.5	53.3	58.4
Residents with bed sores.	19	9.5	5.6	7.1
Residents receiving special skin care.	92	46.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORWOOD HEALTH CENTER

Street Address: 1600 NORTH CHESTNUT	**City and State:** MARSHFIELD WI 54449

Participation: MEDICAID SNF/ICF	**# of Beds:** 36	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	21	58.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	22	61.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	19.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	16.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	2	5.6	46.9	50.8
Residents requiring restraints.	1	2.8	41.4	41.3
Confused or disoriented residents.	19	52.8	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	20	55.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR VIEW HOME

Street Address: 1050 DIVISION STREET		**City and State:** MAUSTON WI 53948	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	95.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	57	95.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	95.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	88.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	8.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	51.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	31	51.7	46.9	50.8
Residents requiring restraints.	36	60.0	41.4	41.3
Confused or disoriented residents.	41	68.3	53.3	58.4
Residents with bed sores.	1	1.7	5.6	7.1
Residents receiving special skin care.	16	26.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL HOSPITAL LTC

Street Address: 135 SOUTH GIBSON STREET	**City and State:** MEDFORD WI 54451

Participation: MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	69.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	82	81.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	59.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	55.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	17	16.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	22.8	29.3	37.7
Completely bedfast residents.	5	5.0	1.1	3.4
Residents confined to chairs.	25	24.8	46.9	50.8
Residents requiring restraints.	16	15.8	41.4	41.3
Confused or disoriented residents.	40	39.6	53.3	58.4
Residents with bed sores.	3	3.0	5.6	7.1
Residents receiving special skin care.	8	7.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MELLEN MANOR

Street Address: 450 LAKE DRIVE	**City and State:** MELLEN WI 54546

Participation: MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	24	60.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	20	50.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	40.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	35.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	14	35.0	46.9	50.8
Residents requiring restraints.	7	17.5	41.4	41.3
Confused or disoriented residents.	22	55.0	53.3	58.4
Residents with bed sores.	1	2.5	5.6	7.1
Residents receiving special skin care.	14	35.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKRIDGE GARDENS NURSING CENTER

Street Address: 1700 MIDWAY RD	**City and State:** MENASHA WI 54952

Participation: MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	79.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	27	27.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	73.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	72.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.0	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	38	38.0	46.9	50.8
Residents requiring restraints.	53	53.0	41.4	41.3
Confused or disoriented residents.	52	52.0	53.3	58.4
Residents with bed sores.	6	6.0	5.6	7.1
Residents receiving special skin care.	50	50.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENOMONEE FALLS NURSING HOME

Street Address: N84 W17049 MENOMONEE AVENUE	**City and State:** MENOMONEE FALLS WI 53051

Participation: MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	92.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	100	95.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	86	81.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	81.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	74.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	53.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	17	16.2	46.9	50.8
Residents requiring restraints.	63	60.0	41.4	41.3
Confused or disoriented residents.	72	68.6	53.3	58.4
Residents with bed sores.	6	5.7	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICAN LUTHERAN HOMES INC

Street Address: 915 ELM AVE	**City and State:** MENOMONIE WI 54751

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	86.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	42	73.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	42	73.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	31.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	24.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	13	22.8	46.9	50.8
Residents requiring restraints.	24	42.1	41.4	41.3
Confused or disoriented residents.	18	31.6	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	6	10.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUNN CO HEALTH CARE CENTER

Street Address: RR2 P O BOX 150		**City and State:** MENOMONIE WI 54751	
Participation: MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	**Medicare Residents:** 0	**Medicaid Residents:** 201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	77.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	175	78.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	134	60.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	68.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	53.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	22.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	67	30.0	46.9	50.8
Residents requiring restraints.	71	31.8	41.4	41.3
Confused or disoriented residents.	121	54.3	53.3	58.4
Residents with bed sores.	5	2.2	5.6	7.1
Residents receiving special skin care.	181	81.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEQUON CARE CENTER

Street Address: 10911 N PORT WASHINGTON RD	**City and State:** MEQUON WI 53092

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 213	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	**Medicare Residents:** 12	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	198	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	194	98.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	178	89.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	86.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	73.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	41.4	29.3	37.7
Completely bedfast residents.	5	2.5	1.1	3.4
Residents confined to chairs.	168	84.8	46.9	50.8
Residents requiring restraints.	134	67.7	41.4	41.3
Confused or disoriented residents.	123	62.1	53.3	58.4
Residents with bed sores.	9	4.5	5.6	7.1
Residents receiving special skin care.	134	67.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE CREST NURSING HOME

Street Address: 2100 E 6TH ST	**City and State:** MERRILL WI 54452

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	91.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	143	82.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	128	73.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	92.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	71.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	8	4.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	32.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	78	44.8	46.9	50.8
Residents requiring restraints.	85	48.9	41.4	41.3
Confused or disoriented residents.	97	55.7	53.3	58.4
Residents with bed sores.	5	2.9	5.6	7.1
Residents receiving special skin care.	43	24.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDDLETON VILLAGE NURSING HOME

Street Address: 6201 ELMWOOD AVENUE		**City and State:** MIDDLETON WI 53562	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 2	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	87.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	69	87.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	55.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	68.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	72.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	27.8	29.3	37.7
Completely bedfast residents.	78	98.7	1.1	3.4
Residents confined to chairs.	3	3.8	46.9	50.8
Residents requiring restraints.	41	51.9	41.4	41.3
Confused or disoriented residents.	59	74.7	53.3	58.4
Residents with bed sores.	4	5.1	5.6	7.1
Residents receiving special skin care.	78	98.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALEXIAN VILLAGE OF MILWAUKEE INC

Street Address: 9301 NORTH 76TH ST	**City and State:** MILWAUKEE WI 53223

Participation: MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	86.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	48	84.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	43	75.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	50.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	22.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	38	66.7	46.9	50.8
Residents requiring restraints.	11	19.3	41.4	41.3
Confused or disoriented residents.	44	77.2	53.3	58.4
Residents with bed sores.	2	3.5	5.6	7.1
Residents receiving special skin care.	15	26.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMS GREEN TREE HEALTH CARE CENTER

Street Address: 6925 NORTH PORT WASHINGTON CTR	**City and State:** MILWAUKEE WI 53217

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 403	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 379	**Medicare Residents:** 5	**Medicaid Residents:** 342

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	289	76.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	276	72.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	244	64.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	247	65.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	238	62.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	28	7.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	19.3	29.3	37.7
Completely bedfast residents.	8	2.1	1.1	3.4
Residents confined to chairs.	216	57.0	46.9	50.8
Residents requiring restraints.	172	45.4	41.4	41.3
Confused or disoriented residents.	201	53.0	53.3	58.4
Residents with bed sores.	22	5.8	5.6	7.1
Residents receiving special skin care.	88	23.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEL AIR HEALTH CARE CENTER

Street Address: 9350 WEST FOND DU LAC AVENUE	**City and State:** MILWAUKEE WI 53225

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 310	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 291	**Medicare Residents:** 4	**Medicaid Residents:** 236

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	214	73.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	241	82.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	221	75.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	72.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	211	72.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	29.6	29.3	37.7
Completely bedfast residents.	4	1.4	1.1	3.4
Residents confined to chairs.	192	66.0	46.9	50.8
Residents requiring restraints.	127	43.6	41.4	41.3
Confused or disoriented residents.	161	55.3	53.3	58.4
Residents with bed sores.	21	7.2	5.6	7.1
Residents receiving special skin care.	47	16.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADLEY CONVALESCENT CENTER

Street Address: 6735 W BRADLEY RD	**City and State:** MILWAUKEE WI 53223

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 270	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 269	**Medicare Residents:** 6	**Medicaid Residents:** 233

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	191	71.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	228	84.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	196	72.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	71.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	168	62.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	12	4.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	98	36.4	29.3	37.7
Completely bedfast residents.	7	2.6	1.1	3.4
Residents confined to chairs.	206	76.6	46.9	50.8
Residents requiring restraints.	139	51.7	41.4	41.3
Confused or disoriented residents.	126	46.8	53.3	58.4
Residents with bed sores.	34	12.6	5.6	7.1
Residents receiving special skin care.	102	37.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMEO CONV CTR

Street Address: 5790 S 27TH ST		**City and State:** MILWAUKEE WI 53221	
Participation: MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	95.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	90	88.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	89.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	86.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	78.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	18	17.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	55.9	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	55	53.9	46.9	50.8
Residents requiring restraints.	60	58.8	41.4	41.3
Confused or disoriented residents.	78	76.5	53.3	58.4
Residents with bed sores.	7	6.9	5.6	7.1
Residents receiving special skin care.	58	56.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR

Street Address: 1616 W BENDER RD	**City and State:** MILWAUKEE WI 53209

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 213	**Medicare Residents:** 0	**Medicaid Residents:** 153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	165	77.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	150	70.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	144	67.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	70.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	66.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	17	8.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	24.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	120	56.3	46.9	50.8
Residents requiring restraints.	77	36.2	41.4	41.3
Confused or disoriented residents.	107	50.2	53.3	58.4
Residents with bed sores.	10	4.7	5.6	7.1
Residents receiving special skin care.	48	22.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMSTOCK NURSING HME

Street Address: 3025 W MITCHELL		**City and State:** MILWAUKEE WI 53215	
Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	94.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	66	95.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	87.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	81.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	76.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	37	53.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	43.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	54	78.3	46.9	50.8
Residents requiring restraints.	37	53.6	41.4	41.3
Confused or disoriented residents.	41	59.4	53.3	58.4
Residents with bed sores.	1	1.4	5.6	7.1
Residents receiving special skin care.	27	39.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEPAUL BELLEVIEW EXTENDED CARE

Street Address: 1904 E BELLEVIEW PL	**City and State:** MILWAUKEE WI 53211

Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	13.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	15	15.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	5	5.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	9.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	3.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	5.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	4	4.2	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	13	13.7	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	40	42.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAMILY NURSING HOME AND REHAB CENTER

Street Address: 2801 W WISCONSIN AVE	**City and State:** MILWAUKEE WI 53208

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 2	**Medicaid Residents:** 131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	76.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	129	86.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	123	82.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	67.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	69.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	12	8.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	20.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	101	67.8	46.9	50.8
Residents requiring restraints.	40	26.8	41.4	41.3
Confused or disoriented residents.	121	81.2	53.3	58.4
Residents with bed sores.	16	10.7	5.6	7.1
Residents receiving special skin care.	35	23.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLEN FIELD HEALTH CARE CENTER

Street Address: 1633 W BENDER ROAD		**City and State:** MILWAUKEE WI 53209	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 260	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
228	3	197

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	220	96.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	181	79.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	157	68.9	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	82.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	156	68.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	68	29.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	31.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	145	63.6	46.9	50.8
Residents requiring restraints.	97	42.5	41.4	41.3
Confused or disoriented residents.	87	38.2	53.3	58.4
Residents with bed sores.	29	12.7	5.6	7.1
Residents receiving special skin care.	122	53.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST CONVALESCENT HOME

Street Address: 3281 N 15TH ST	**City and State:** MILWAUKEE WI 53206

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	72.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	35	79.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	34	77.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	86.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	22	50.0	46.9	50.8
Residents requiring restraints.	18	40.9	41.4	41.3
Confused or disoriented residents.	19	43.2	53.3	58.4
Residents with bed sores.	2	4.5	5.6	7.1
Residents receiving special skin care.	23	52.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE NURSING HOME, INC.

Street Address: 8726 WEST MILL ROAD		**City and State:** MILWAUKEE WI 53225	
Participation: MEDICAID SNF/ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	46.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	29	74.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	15	38.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	41.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	28.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	5	12.8	46.9	50.8
Residents requiring restraints.	4	10.3	41.4	41.3
Confused or disoriented residents.	14	35.9	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	4	10.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW NURSING HOME

Street Address: 1615 S 22ND ST		**City and State:** MILWAUKEE WI 53204	
Participation: MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	70.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	97	89.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	94	87.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	84.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	79.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	43.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	60	55.6	46.9	50.8
Residents requiring restraints.	72	66.7	41.4	41.3
Confused or disoriented residents.	69	63.9	53.3	58.4
Residents with bed sores.	8	7.4	5.6	7.1
Residents receiving special skin care.	12	11.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON CTR

Street Address: 1840 N 6TH ST	**City and State:** MILWAUKEE WI 53212

Participation: MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	25.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	50	43.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	113	97.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	6.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	11.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	12	10.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	1	0.9	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	3	2.6	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	24	20.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KILBOURN CARE CENTER

Street Address: 2125 W KILBOURN AVE P O BOX 2156	**City and State:** MILWAUKEE WI 53223

Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	58.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	59.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	50.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	44.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	59.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	10	11.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	15.4	29.3	37.7
Completely bedfast residents.	10	11.0	1.1	3.4
Residents confined to chairs.	20	22.0	46.9	50.8
Residents requiring restraints.	35	38.5	41.4	41.3
Confused or disoriented residents.	26	28.6	53.3	58.4
Residents with bed sores.	14	15.4	5.6	7.1
Residents receiving special skin care.	38	41.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEWOOD CARE CENTER

Street Address: 2115 W WOODSTOCK PLACE	**City and State:** MILWAUKEE WI 53202

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 246	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 189	**Medicare Residents:** 1	**Medicaid Residents:** 174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	174	92.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	79.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	124	65.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	71.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	65.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	30.7	29.3	37.7
Completely bedfast residents.	2	1.1	1.1	3.4
Residents confined to chairs.	104	55.0	46.9	50.8
Residents requiring restraints.	82	43.4	41.4	41.3
Confused or disoriented residents.	68	36.0	53.3	58.4
Residents with bed sores.	25	13.2	5.6	7.1
Residents receiving special skin care.	104	55.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHER MANOR

Street Address: 4545 NORTH 92ND ST	**City and State:** MILWAUKEE WI 53225

Participation: MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 194	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	182	93.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	144	74.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	125	64.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	69.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	66.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	2.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	41.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	119	61.3	46.9	50.8
Residents requiring restraints.	82	42.3	41.4	41.3
Confused or disoriented residents.	126	64.9	53.3	58.4
Residents with bed sores.	11	5.7	5.6	7.1
Residents receiving special skin care.	30	15.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIAN CATHOLIC HOME

Street Address: 3333 W HIGHLAND BLVD	**City and State:** MILWAUKEE WI 53208

Participation: MEDICAID SNF/ICF	**# of Beds:** 360	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 288	**Medicare Residents:** 0	**Medicaid Residents:** 265

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	279	96.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	96	33.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	240	83.3	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	236	81.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	230	79.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	11	3.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	110	38.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	192	66.7	46.9	50.8
Residents requiring restraints.	166	57.6	41.4	41.3
Confused or disoriented residents.	195	67.7	53.3	58.4
Residents with bed sores.	24	8.3	5.6	7.1
Residents receiving special skin care.	168	58.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIAN FRANCISCAN

Street Address: 9632 W APPLETON AVENUE		**City and State:** MILWAUKEE WI 53225	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 465	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
432	0	396

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	352	81.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	372	86.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	357	82.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	334	77.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	330	76.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	0.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	192	44.4	29.3	37.7
Completely bedfast residents.	14	3.2	1.1	3.4
Residents confined to chairs.	373	86.3	46.9	50.8
Residents requiring restraints.	346	80.1	41.4	41.3
Confused or disoriented residents.	216	50.0	53.3	58.4
Residents with bed sores.	48	11.1	5.6	7.1
Residents receiving special skin care.	186	43.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARINA VIEW MANOR

Street Address: 1522 N PROSPECT AVE	**City and State:** MILWAUKEE WI 53202

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 357	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 261	**Medicare Residents:** 1	**Medicaid Residents:** 251

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	65.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	167	64.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	141	54.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	54.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	47.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	19.2	29.3	37.7
Completely bedfast residents.	8	3.1	1.1	3.4
Residents confined to chairs.	133	51.0	46.9	50.8
Residents requiring restraints.	81	31.0	41.4	41.3
Confused or disoriented residents.	134	51.3	53.3	58.4
Residents with bed sores.	31	11.9	5.6	7.1
Residents receiving special skin care.	74	28.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLWAY NURSING HOME

Street Address: 8534 WEST MILL ROAD	**City and State:** MILWAUKEE WI 53225

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	105	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	61.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	89	85.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	74.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	32.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	66.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	29.8	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	71	68.3	46.9	50.8
Residents requiring restraints.	55	52.9	41.4	41.3
Confused or disoriented residents.	47	45.2	53.3	58.4
Residents with bed sores.	8	7.7	5.6	7.1
Residents receiving special skin care.	38	36.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILWAUKEE CATHOLIC HOME

Street Address: 2462 N PROSPECT AVENUE		**City and State:** MILWAUKEE WI 53211	
Participation: MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	72.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	35	79.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	30	68.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	77.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	43.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	22	50.0	46.9	50.8
Residents requiring restraints.	14	31.8	41.4	41.3
Confused or disoriented residents.	25	56.8	53.3	58.4
Residents with bed sores.	1	2.3	5.6	7.1
Residents receiving special skin care.	10	22.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILWAUKEE JEWISH CONVALESCENT CTR INC

Street Address: 5555 N. 51ST BLVD	**City and State:** MILWAUKEE WI 53218

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	88.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	37	82.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	35	77.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	88.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	8.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.2	29.3	37.7
Completely bedfast residents.	1	2.2	1.1	3.4
Residents confined to chairs.	25	55.6	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	19	42.2	53.3	58.4
Residents with bed sores.	1	2.2	5.6	7.1
Residents receiving special skin care.	6	13.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILWAUKEE JEWISH HME FOR THE AGED INC

Street Address: 1414 NORTH PROSPECT AVE	**City and State:** MILWAUKEE WI 53202

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 208	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 208	**Medicare Residents:** 0	**Medicaid Residents:** 154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	204	98.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	148	71.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	116	55.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	49.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	61.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	24.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	57	27.4	46.9	50.8
Residents requiring restraints.	42	20.2	41.4	41.3
Confused or disoriented residents.	62	29.8	53.3	58.4
Residents with bed sores.	1	0.5	5.6	7.1
Residents receiving special skin care.	68	32.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
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NURSING HOME PROFILE
MILWAUKEE PROTESTANT HOME FOR THE AGED

Street Address: 2429 EAST BRADFORD TERR	**City and State:** MILWAUKEE WI 53211

Participation: MEDICARE SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	53.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	44	89.8	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	34	69.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	93.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	8.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	30.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	41	83.7	46.9	50.8
Residents requiring restraints.	14	28.6	41.4	41.3
Confused or disoriented residents.	12	24.5	53.3	58.4
Residents with bed sores.	3	6.1	5.6	7.1
Residents receiving special skin care.	12	24.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNT CARMEL HEALTH CARE CENTER

Street Address: 5700 WEST LAYTON AVENUE	**City and State:** MILWAUKEE WI 53220

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 692	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 652	**Medicare Residents:** 5	**Medicaid Residents:** 505

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	554	85.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	521	79.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	415	63.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	451	69.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	399	61.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	8	1.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	167	25.6	29.3	37.7
Completely bedfast residents.	2	0.3	1.1	3.4
Residents confined to chairs.	370	56.7	46.9	50.8
Residents requiring restraints.	260	39.9	41.4	41.3
Confused or disoriented residents.	261	40.0	53.3	58.4
Residents with bed sores.	39	6.0	5.6	7.1
Residents receiving special skin care.	202	31.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH SHORE HEALTH CARE CENTER

Street Address: 601 W GLENCOE PL		**City and State:** MILWAUKEE WI 53217	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 282	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
221	0	203

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	194	87.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	179	81.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	137	62.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	62.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	62.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	7	3.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	30.3	29.3	37.7
Completely bedfast residents.	2	0.9	1.1	3.4
Residents confined to chairs.	111	50.2	46.9	50.8
Residents requiring restraints.	91	41.2	41.4	41.3
Confused or disoriented residents.	127	57.5	53.3	58.4
Residents with bed sores.	29	13.1	5.6	7.1
Residents receiving special skin care.	76	34.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWEST HEALTH CENTER

Street Address: 7800 W FOND DU LAC AVE	**City and State:** MILWAUKEE WI 53218

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 2	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	79	71.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	16	14.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	73.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	55.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	20.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	67	60.4	46.9	50.8
Residents requiring restraints.	50	45.0	41.4	41.3
Confused or disoriented residents.	58	52.3	53.3	58.4
Residents with bed sores.	10	9.0	5.6	7.1
Residents receiving special skin care.	8	7.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MANOR HEALTH CARE CENTER

Street Address: 1824 E PARK PLACE	**City and State:** MILWAUKEE WI 53211

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 2	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	82.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	97	86.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	92	82.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	83.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	80.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	36	32.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	40.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	49	43.8	46.9	50.8
Residents requiring restraints.	51	45.5	41.4	41.3
Confused or disoriented residents.	72	64.3	53.3	58.4
Residents with bed sores.	10	8.9	5.6	7.1
Residents receiving special skin care.	28	25.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW CARE CENTER INC

Street Address: 4615 W HAMPTON AVE	**City and State:** MILWAUKEE WI 53218

Participation: MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	56	80.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	55	78.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	48	68.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	67.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	70.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	17.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	47	67.1	46.9	50.8
Residents requiring restraints.	26	37.1	41.4	41.3
Confused or disoriented residents.	27	38.6	53.3	58.4
Residents with bed sores.	3	4.3	5.6	7.1
Residents receiving special skin care.	5	7.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLYMOUTH MANOR NURSING HOME

Street Address: 619 WEST WALNUT	**City and State:** MILWAUKEE WI 53212

Participation: MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 0	**Medicaid Residents:** 161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	77.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	140	85.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	93	57.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	56.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	57.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	19.0	29.3	37.7
Completely bedfast residents.	5	3.1	1.1	3.4
Residents confined to chairs.	54	33.1	46.9	50.8
Residents requiring restraints.	44	27.0	41.4	41.3
Confused or disoriented residents.	110	67.5	53.3	58.4
Residents with bed sores.	1	0.6	5.6	7.1
Residents receiving special skin care.	18	11.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY TERRACE SOUTH

Street Address: 2919 W PARNELL ST	**City and State:** MILWAUKEE WI 53221

Participation: MEDICAID ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 0	**Medicaid Residents:** 128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	29.0	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	7	4.8	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	3	2.1	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	0.7	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	4.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	2	1.4	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	4.1	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	0.7	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	16	11.0	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	22	15.2	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER HILLS NURSING HOME-EAST

Street Address: 1301 N FRANKLIN PLACE	**City and State:** MILWAUKEE WI 53202

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 308	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 283	**Medicare Residents:** 0	**Medicaid Residents:** 263

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	252	89.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	265	93.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	183	64.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	69.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	257	90.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	6	2.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	90	31.8	29.3	37.7
Completely bedfast residents.	1	0.4	1.1	3.4
Residents confined to chairs.	119	42.0	46.9	50.8
Residents requiring restraints.	152	53.7	41.4	41.3
Confused or disoriented residents.	216	76.3	53.3	58.4
Residents with bed sores.	6	2.1	5.6	7.1
Residents receiving special skin care.	107	37.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER HILLS NURSING HOME-SOUTH

Street Address: 2730 WEST RAMSEY AVENUE	**City and State:** MILWAUKEE WI 53221

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 194	**Medicare Residents:** 2	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	77.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	143	73.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	144	74.2	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	68.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	69.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	30	15.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	34.0	29.3	37.7
Completely bedfast residents.	1	0.5	1.1	3.4
Residents confined to chairs.	94	48.5	46.9	50.8
Residents requiring restraints.	89	45.9	41.4	41.3
Confused or disoriented residents.	147	75.8	53.3	58.4
Residents with bed sores.	17	8.8	5.6	7.1
Residents receiving special skin care.	41	21.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEVILLE EAST

Street Address: 1825 N PROSPECT AVENUE	**City and State:** MILWAUKEE WI 53202

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	47.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	84	69.4	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	59.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	62.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	39.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	24.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	37	30.6	46.9	50.8
Residents requiring restraints.	30	24.8	41.4	41.3
Confused or disoriented residents.	92	76.0	53.3	58.4
Residents with bed sores.	4	3.3	5.6	7.1
Residents receiving special skin care.	35	28.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEVILLE MANOR

Street Address: 8526 W MILL ROAD	**City and State:** MILWAUKEE WI 53225

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	72.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	40	74.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	68.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	64.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	64.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	68.5	29.3	37.7
Completely bedfast residents.	1	1.9	1.1	3.4
Residents confined to chairs.	35	64.8	46.9	50.8
Residents requiring restraints.	29	53.7	41.4	41.3
Confused or disoriented residents.	32	59.3	53.3	58.4
Residents with bed sores.	3	5.6	5.6	7.1
Residents receiving special skin care.	21	38.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHOREWOOD HEIGHTS

Street Address: 3710 NORTH OAKLAND DRIVE	**City and State:** MILWAUKEE WI 53211

Participation: MEDICAID SNF/ICF	**# of Beds:** 288	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 202	**Medicare Residents:** 0	**Medicaid Residents:** 189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	180	89.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	160	79.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	126	62.4	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	62.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	63.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	19.8	29.3	37.7
Completely bedfast residents.	5	2.5	1.1	3.4
Residents confined to chairs.	119	58.9	46.9	50.8
Residents requiring restraints.	90	44.6	41.4	41.3
Confused or disoriented residents.	110	54.5	53.3	58.4
Residents with bed sores.	28	13.9	5.6	7.1
Residents receiving special skin care.	56	27.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SILVER SPRING CONVALESCENT CENTER

Street Address:	City and State:
1300 W SILVER SPRING DRIVE	MILWAUKEE WI 53209

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	138	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
133	2	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	67.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	106	79.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	98	73.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	75.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	65.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	56	42.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	30.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	42	31.6	46.9	50.8
Residents requiring restraints.	92	69.2	41.4	41.3
Confused or disoriented residents.	73	54.9	53.3	58.4
Residents with bed sores.	10	7.5	5.6	7.1
Residents receiving special skin care.	10	7.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNES HOME FOR THE ELDERLY

Street Address: 3800 N 92ND ST		**City and State:** MILWAUKEE WI 53222	
Participation: MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	91.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	68	60.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	45.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	31.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	45.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	12.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	13	11.5	46.9	50.8
Residents requiring restraints.	25	22.1	41.4	41.3
Confused or disoriented residents.	36	31.9	53.3	58.4
Residents with bed sores.	1	0.9	5.6	7.1
Residents receiving special skin care.	5	4.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNES REST HOME

Street Address: 2020 S MUSKEGO	**City and State:** MILWAUKEE WI 53204

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	76.9	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	20	38.5	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	16	30.8	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	28.8	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	38.5	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	5.8	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	8	15.4	12.8	39.1
Residents requiring restraints.	8	15.4	20.7	31.7
Confused or disoriented residents.	8	15.4	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS HOME

Street Address: 1840 N PROSPECT AVENUE	**City and State:** MILWAUKEE WI 53202

Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	83.3	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	70	83.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	53	63.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	70.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	61.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	42	50.0	46.9	50.8
Residents requiring restraints.	27	32.1	41.4	41.3
Confused or disoriented residents.	58	69.0	53.3	58.4
Residents with bed sores.	2	2.4	5.6	7.1
Residents receiving special skin care.	8	9.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS NH

Street Address: 3516 WEST CENTER STREET	**City and State:** MILWAUKEE WI 53210

Participation: MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	82.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	105	87.5	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	75.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	77.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	87.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	35	29.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	29.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	73	60.8	46.9	50.8
Residents requiring restraints.	69	57.5	41.4	41.3
Confused or disoriented residents.	88	73.3	53.3	58.4
Residents with bed sores.	14	11.7	5.6	7.1
Residents receiving special skin care.	20	16.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. JUDE NURSING HOME, INC.

Street Address: 6526 W BLUEMOUND RD	**City and State:** MILWAUKEE WI 53213

Participation: MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	64.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	22	64.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	17	50.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	47.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	52.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	7	20.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	23.5	29.3	37.7
Completely bedfast residents.	1	2.9	1.1	3.4
Residents confined to chairs.	12	35.3	46.9	50.8
Residents requiring restraints.	7	20.6	41.4	41.3
Confused or disoriented residents.	14	41.2	53.3	58.4
Residents with bed sores.	3	8.8	5.6	7.1
Residents receiving special skin care.	7	20.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNRISE NURSING HOME FOR BLIND

Street Address: 827 N 34TH ST	**City and State:** MILWAUKEE WI 53208

Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	67.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	71	73.2	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	52	53.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	62.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	52.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.8	29.3	37.7
Completely bedfast residents.	3	3.1	1.1	3.4
Residents confined to chairs.	34	35.1	46.9	50.8
Residents requiring restraints.	18	18.6	41.4	41.3
Confused or disoriented residents.	61	62.9	53.3	58.4
Residents with bed sores.	3	3.1	5.6	7.1
Residents receiving special skin care.	41	42.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN AND COUNTY MANOR INC

Street Address: 9222 W APPLETON	**City and State:** MILWAUKEE WI 53225

Participation: MEDICAID SNF/ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	84.6	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	22	84.6	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	22	84.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	69.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	92.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	34.6	29.3	37.7
Completely bedfast residents.	3	11.5	1.1	3.4
Residents confined to chairs.	8	30.8	46.9	50.8
Residents requiring restraints.	8	30.8	41.4	41.3
Confused or disoriented residents.	23	88.5	53.3	58.4
Residents with bed sores.	3	11.5	5.6	7.1
Residents receiving special skin care.	14	53.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTVIEW NURSING HOME

Street Address: 3015 W MCKINLEY BLVD	**City and State:** MILWAUKEE WI 53208

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	23.8	62.1	78.3
Dressing Residents requiring some or total assistance in dressing.	8	38.1	51.8	76.7
Toileting Residents requiring some or total assistance in toileting.	2	9.5	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	14.3	39.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	23.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	9.5	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	4.8	12.8	39.1
Residents requiring restraints.	1	4.8	20.7	31.7
Confused or disoriented residents.	3	14.3	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	1	4.8	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WI LUTHERAN CHILD AND FAMILY SERVICES

Street Address: 6800 NORTH 76TH STREET		**City and State:** MILWAUKEE WI 53223	
Participation: MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
155	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	80.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	126	81.3	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	104	67.1	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	63.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	73.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	29.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	70	45.2	46.9	50.8
Residents requiring restraints.	58	37.4	41.4	41.3
Confused or disoriented residents.	82	52.9	53.3	58.4
Residents with bed sores.	13	8.4	5.6	7.1
Residents receiving special skin care.	46	29.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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